FOR STATE HEALTH DEPT

te 5 may be retained for your files.

2 with the State Board of Health, E tours after death. rithin 72 MNER: This certificate should be executed within 24 hours after fing the ward "pending" in pencil in Item, 18. Give Pages 1. 15 the Chief Medical Examiner's Office along with farm PM3. 4 should be forward, to the Chief Medical Examiner's Office along with farm PM3 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page or its designated agent, priar to burial, cremation, ar removal, and in any event TO DEP

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9098

03087 Reg. Dist. No.

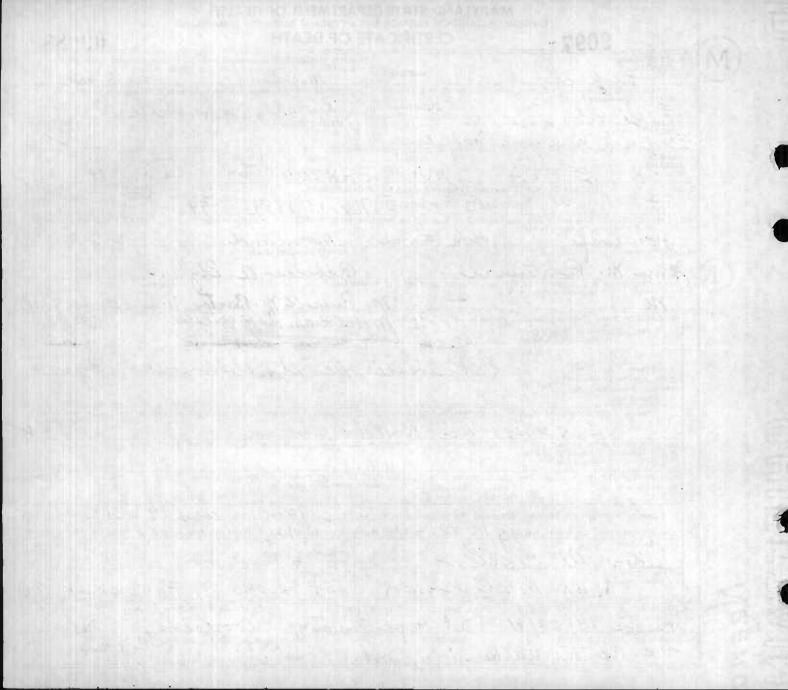
	COUNTY				2. USUAL RESI	IDENCE (Whe	re deceased	b. COUNT		dence bei	fore odm	ission)
1		rederick		MARYLAND		Maryl			Fr	ebe	ric	k
Б. (and give nearest town)	outside corporate limits, wr	ile RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If ou	tside corpore	ote limits, write	RURAL o	nd give n	earest la	wn)
	derick			Life		reder	ick_					
				ospital, give street address)	d. STREET A							A FARM?
		cond Str	eets		126	East	Stre	et			YES [XON [
3. NA	ME OF CEASED	Fi	irs#	Middle	Lost	4.	DATE	Mont	h	Day	1	/ear
(Ту	pe or print)	Marshal	.1	William A	llen J	r.	DEATH	Augus	t 2	26	1	961
5. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARRIED X 8	DATE OF BIRTH		9.	AGE (In years lost brithday)		RIYEAR		ER 24 HRS.
	M	C	WIDOWE	ED DIVORCED	May 22-	1939		22 yrs.	Months	Doys	Hours	Min.
10a. U	SUAL OCCUPATIO	N (Give kind of wark	done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State or	foreign coun	try)	12. CI	TIZEN O	F WHAT	COUNTRY
	ieral La	borer		*****	Fred	lerick	Co.	Md.	1 1	J.S.	Δ.	
13. FA	THER'S NAME				14. MOTHER'S							
N	arshall	W. Alle	n Sr		Mildr	ed Jo	hngo	1				
15. W	AS DECEASED EVE	R IN U. S. ARMED FO	DRCES? 16.		NFORMANT	04 00	11150	Address				
(Yes, no	No	(If yes, give war er dates o	f service)		horn F FM	1 4776	m_19		C+	Tibe		Wa
110		M (Enter only one co		for (a), (b), and (c).	Mildred	LALLE	III-TE	o mast	DU.		The state of the s	Md.
1 "		WAS CAUSED BY:	C)	, 101 (0), (b), one (c). j		, _	2- 0	-		ONSE	EVAL BETWEET AND DE	ATH
		MMEDIATE CAUSE (من ا	vering in	non	rund	16.10	rlong				
	-73	DUE TO	, -	kundlerun	1 are	h Go	orti	_ +		Dr	14-5	1.
	onditions, if an		0	as for	T	. /	-				TILL	ney
	ove rise to immedi), stating the u		13	un Shel a	emm	-ch	est					
C	ause fost.) (6										
3	PART II, OTHE	R SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE C	ONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
CERTIFICATION										,	YES P	NO T
19T 30	a. EXTERNAL CAUS	SE WAS	Ob. DESCRIE	E HOW INJURY OCCURRED. (E	nter nature of inju	ury in Port I o	or Part II of	item 18.)				
8 6	MARY- OF DEATH.	IKIBUTING []	SE	A. Theres	shes 7	4->						
3 20	c. TIME OF INJURY	/ Month, Doy, Ye	or 20d.	INJURY OCCURRED 20e. PLAN	CE OF INJURY (H	lome, form, i	20f. (City or	town)	ICe	ounty)		(Stote)
103 WEDICAL	740 p.m.	8/2619	, Whil	le Not while focte	Ecos Si	bldg., etc.)	2 1	- 1 -			1. 1	11-1
		91-				Auto	1 sal	rica	Tred		1	IRL
				remains described abo	_			ection Z,		ry 2		d in my
0	pinion death r	esulted fram:	Natural	causes , Accident [, Suicide	□, Ha	micide [A	, Undete	rmined	manne	er 📗	
	CTUAL	0101									DATE S	IGNED
	GNATURE /	20 Mm	on	ras	_ M.D.	EDICAL EXAM					DAIC 3	IONED
	XAMINER'S				ASSISTAN	IT MEDICAL I	EXAMINER [1-	0 10	711
	AME (Type)	B.O. Thom	as		DEPUTY A	MEDICAL EXA	MINER DE	con	jus	129	17/7	161
		226. DATE THERE	OF	22c. NAME OF CEMETERY OR	CREMATORY	22	d. LOCATIO	N (City, town,	or county)		(State	•)
	EMOVAL (Specify)	8-29-6	7	Fairview			-	erick.	Mar	_	nd	
-	NERAL DIRECTOR'S			ADDRESS		24a. REC'D B					RE	
C	.E.HICK	S 111 F	rede	rick, Maryla	nd	DATE EP	5 '61					
1						The state of	0 01		-1 0	-		

musempres arrept & dan terminal and trailers trailers thereas The Part Control of the Control of t A Prediction of the Land pure to June Calindesia donicate (Ab - 24-21) The state of the s The series of the brothers of the series of

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 9097 directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe c. LENGTH OF STAY IN 16 RURAL and give nearest town) 5 days P d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? by YES IZ NO Klucoria NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED Pages (Type ar print) DEATH 196 S. SEX IFUNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Doys DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. S. A. and Jouseur pan 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL . = with remave 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 0 ease attendin 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: 162 DUE TO by permit. Canditians, if any, which gned gove rise to immediate DUE TO couse (o), stoting the underbeen sig burial-transit lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) certificate 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. foctory, street, affice bldg., etc.) While Nat while at wark at work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an and 19 19 6 , and that death accurred at 145 M, from the courses and an the date stated above. TO FUNERAL DIRECTOR: 220. SIGNATURE SIGNED MED.
DIRECTOR M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 15 E SECOND ST, FREDERICK, 1 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or caunty) page the Sto (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 1SM 9/S9

cian.

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSP OR ATTEND. PHYSICIAN: The law requires that the death certificate be existed within 24 is after death. Page 4 may be recained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, or removal, and in ony event, within 72 haurs ofter death.

VR A15 (4) 15M 9/59

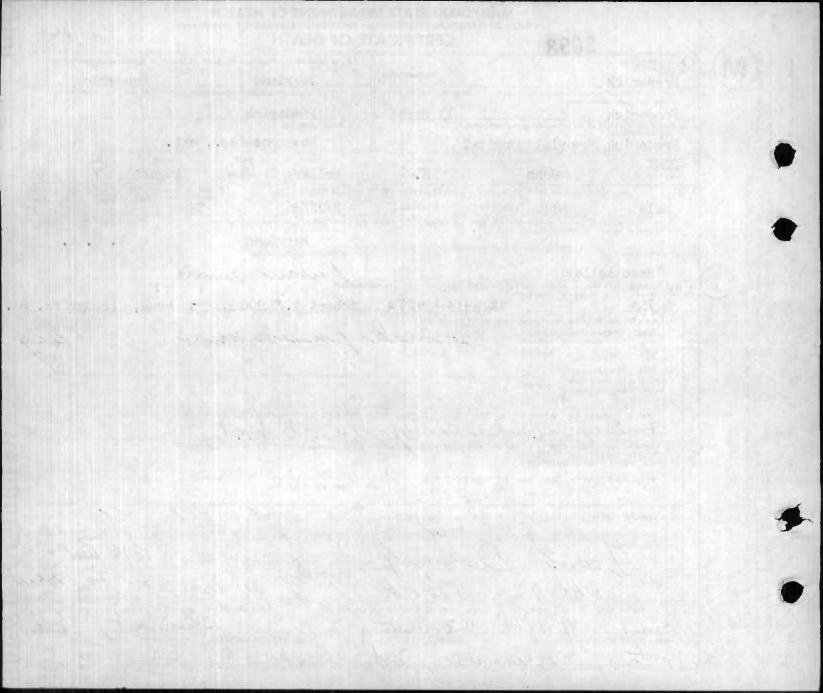
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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										0 - 0	- 0
1. PLACE OF I					11 0 9	JAL RESIDENCE (V	Where decease	ed lived. If instituti		fore odmissi	on)
Frede				MARYLA	ND	Maryland Frederick					
b. CITY OR RURAL or	TOWN (If and give near	outside corporate limi rest town)	ts, write	c. LENGTH OF STAY IN	1b c. (ITY OR TOWN (I	f outside corp	orote limits, write R	RURAL ond give n	earest town)	
	rick			13 days		Frede	rick				
d. NAME C	OF HOSPITA	L (If not in hospital, g	give street	oddress)	d.	STREET ADDRESS				e. IS RESI	DENCE FARM?
Frede	rick	Memorial	Hospi	tal		Rosem	ione Av	e., ext.	-2	YES 🗌	NO V
3. NAME OF DECEASED (Type or pri	int)	John	st	Middle H •	4(3)	Boller	4. DATE OF DEATH	. Aug	gust	-,	9 61
5. SĘX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE	OF BIRTH	QE al l'I	9. AGE (In years	IF UNDER 1 YEA	R IF UNDE	
Male	3	White	WIDOW	ED DIVORCED [5	2/22/86		lost birthdoy) 75 yrs.	Months Days	Hours	Min.
100. USUAL O	CCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY 11.		te or foreign o	country)	12. CITIZEN	OF WHAT CO	OUNTRY
during mo	st of working	g life, even if retired)		0.00	Ma rv	land		TI.	S. A.	
13. FATHER'S N	NAME				14. M	OTHER'S MAIDEN				200	
Too	ac Bo	1100				1	. ~	1 :+0			
		IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO.	17, INFORMA	MT NT	V X	Mull	fress		
(Yes, no, or unkno		yes, give war or dates of s		SOCIAL SECURITY INO.				700			
n	D		2	16-16-0497	A Ro	bert A.	Schell	Monter	me, Fr	ederic	ek,
18. CAUS	E OF DEAT	H [Enter only one co	use per li	ne for (o), (b), and (c).]	0					TERVAL BET	
PA	RT I. DEATH	WAS CAUSED BY:		12mms	· Vi x	20000	no in		O	SET AND	PRAIH
3	10	MMEDIATE CAUSE (o		Deve	noy	value	MOD			10	car
1 4	-4	DUE TO)								1
Condition	ons, if on	which) (b	1							6	
	ise to im	mediate (23710					-0.0	
lying ca), stoting th	e under-							-0.5		
		P SIGNIFICANT CON	1	CONTRIBUTING TO DEATH	A BUT NOT PE	LATED TO THE TER	MINIA DISEA	SE-CONDITION GI	VEN IN PART 1(a)	19 WAS A	LITOPSY
8	- 120	- A D	A	CONTRIBUTION TO DEAT		and the lea	7	SE CONDITION OF	TENTINE TO	PERFO	RWED?
5 00	-cw	GIELO	rou	e georg	rev	e ru	100	1,		YES [NO
G (IF EITHER	DENT WAS RIBUTING [, NOTIFY W	UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CAUSE (CAUSE)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter	noture of injury i	in Part I or Po	rMI of item 18.)			
20c. TIME (OF INJURY	Month, Doy, Ye	ar 20d. I	NJURY OCCURRED 20		INJURY (Home, fo		y or town)	(Count	1)	(Stote
Hou	r o.m.	19	While of wor	Not while	toctory, str	eet, office bldg., e	etc.)	,			
2	p. m.		or wor	K OI WOIK	111		11	6/2		-	- 7
21. 1 cer	tify that	(1) (this haspital) attend	ded the deceased fr	am/_	2.5	1994, .ta_	5/1	1966	that (I) (v	ve) las
saw the	decease	d alive an	1:7	19 6/ and th	nat death c	accurred at	2_M, fram	the causes ar	nd an the da	te) stated	above
22o. SIGN	IATUR!		1)	1	T			1/4	/ 32b	DATE
100	+	roude	ox) commo	M.D. PH	TENDING X	MED. DIRECTOR	STAFF	8/8/	161	SIGNE
22c. PHYS	ICIANS	Curry	-X-X	11		d. ADDRESS	,		1 7	- 1) *
NAMI	E (Type)	DAMA	20	FLAND	4	/	w	250 5	, F 1,	raix	eru
23a. BURIAL, C		, 236. DATE THERES)F	23c. NAME OF CEMETE	RY OR CREM	ATORY	23d. LOCA	ATION (City, town,	or county)	(Stote) ,
REMOVAL	(Specify)	8/10/	61	IL.B. Co.	oto			Therry	usut	2	und
24. FUNERAL D	DIRECTOR'S	SIGNATURE		ADDRESS	ave	25c PF	C'D BY REGIS	TRAR 25h REG	ISTRAR'S SIGNAT	URE	
, B	L-	4.1 04		100	1			4	- 1.		
·Have	ou,	Walk	ers,	rille, n	na.	DATE	ON VI	Cin	Unit S. Kra	MA	



FOR STATE please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. slay is necessary, 6 death. If a

EXAMINER: This certificate should be executed within 24 hou

TO DEPOTY MEDICAL

V5. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0000

1. PLACE OF DEATH	a. COUNTY Frederick					2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence batora admission) e. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (if o	utside corporete lim ve nearast town)	its,	c. LENGTH OF STAY IN Since 8/21/	1b c.	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)						
	OR INSTITUTION		pital, giva street address)		d. STREET ADDRESS					S RESIDENCE	
Frederick NAME OF	Memorial.	-	Middle		Last	gaville	Mont	L		NO X	
(Typa or print)	FANN	IIE	S.	BURKET		OF DEATH		ugust		1961	
5. SEX Female	White	7. MARRIE	D NEVER MARRIED DIVORCED		of BIRTH ept 1872	9.	AGE (In years last birthday) of yrs.	Months D	EAR IF UN	DER 24 HRS.	
10a. USUAL OCCUPATION dona during most of working House-work	ng life, even if relies	(be	ND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Stote Maryla		ntry)		EN OF WHA	AT COUNTRY	
13. FATHER'S NAME				14. M	OTHER'S MAIDEN	NAME					
Frederick	Cline			Me	lissa We	bster					
15. WAS DECEASED EVER	IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	7. INFOR	MANT		Addres	S			
(Yes, no, or unkown) (Ifye	s giva war or dales of	arvica)	None	Mrs. F	earl E.	Fisher	(Same a	s item	#2)		
PART I. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (a)	Ce	rebral Hemor ceration of		Injury t	o Skull	& Brai	n	interval poset at day	ND DEATH	
gava risa to immadiata (e), stating the under cause last.	cause DUE TO		ITRIBUTING TO DEATH BU							S AUTOPSY RFORMED?	
PART II. OTHER S. 20a. EXTERNAL CAU PRIMARY Nor CONT CAUSE OF DEATH.	SE WAS RIBUTING [down steps			ert I or Pert II of	itam 18.)				
20c. TIME OF INJURY 8 Hour MAN	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Home										
21. I certify that	I took charge	of the rem	ains described above	, held an	Autopsy ,	Inspection	X, Inqui	гу 🟋,	and in my		
death resulted fro	m: Natural c	auses [],	Accident X.	Suicide [, Homicide CHIEF MEDICAL		letermined n	nanner			
ACTUAL SIGNATURE	Home	m	00	M.D	ASSISTANT ME	DICAL EXAMINE	R		DATE	SIGNED	
EXAMINER'S NAME (Type)	B. O. The	mas,	M. D.			AL EXAMINER X	-	8-26	-61		
22e. BURIAL, CREMATION, REMOVAL (Specify) Burial	8-28-61		22c. NAME OF CEMETER Mount Olive			Freder	ON (City, town	_	(Steta)	
23. FUNERAL DIRECTOR M. R. Etch	ison & So	n, Fr	ADDRESS ederick, Mar	yland		C'D BY REGISTR.		SISTRAR'S SIG			

CONTRACTOR OF THE PERSON OF THE WAR IN STRUCTURE THE PERSON NAMED TO A PROPERTY OF THE PARTY OF THE PERSON OF THE STORE WINCOKE EXAMINATE CHITCHTON OF DEATH IN

the Manager To the Manager

William 8/21/61

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E. E. Maidann & Son, Preservin, Maryland of Maidan Control of the Control of the

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10% ATTEND TO PHYSICIAN: The law requires that the death certificate be excepted within 24 hours after death. Page 4		NERAL DIRECTOR: After this certificate has been signed by the attending physician and Empletely filled with the funeral director.	e 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	
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TEND	, the	OR: A	letach	egistrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
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257	be	NE	3	edi

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
	9100 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 09091							
	PLACE OF DEATH O. COUNTY Trederick MARYLAND	Maryland	ived. If institution, Residence before admission) b. COUNTY Frederick							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 days	c. CITY OR TOWN (If outside corpora	te limits, write RURAL and give nearest town)							
1	d. NAME OF HOSPITAL (It not in hospital, give street oddress) OR INSTITUTION LIE SERVICE MUNICIPAL Haspital	d. STREET ADDRESS	15 RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO NO							
	NAME OF DECEASED (Type or print) Sarah Elizabeth	Buser 4. DATE OF DEATH	Month Day Year aug. 1961							
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Feb. 25 1887	AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.							
10c	during most of working life, even if retired)	JSTRY 11. BIRTHPLACE/(State or foreign cou	12. CITIZEN OF WHAT COUNTRY?							
13.	FATHER'S NAME P. Kaulky	14. MOTHER'S MAIDEN NAME	TAMEN.							
15. Ye	(et. no. of unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	Mo Engage Chip	les Walkersvelle M.							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stoling the under DUE TO	ral Him	orhal interval between onsertand death							
ATION	tying cause last. (c)	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
CERTIFICATION		ED. (Enter nature of injury in Port 1 or Port I	4/							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the following p. m. 19 of work of work of work of the following p. m.	LACE OF INJURY (Home, form, colory, street, office bldg., etc.)	r town) (County) (State)							
	21. I certify that I attended the deceased from Man and that death	n accurred of 13 M from	the causes and an the date stated above							

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

DATE SIGNED

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATION

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE AUG 7

Colhan S. Thrus

VS A15 (4) 15M 9/55

T pare une live	CERTIFICA	HE OF DEATH	
THE PARTY OF THE P			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TELECONOMIC INC.			

	MARYLAND STA	ATE DEPARTA	VENT OF HEY	ALTH	
DIVISION OF STATISTICAL	RESEARCH AND R	ECORDS, 301 W.	PRESTON STR	EET, BALTIMORE 1, /	MARYLANI
DIVISION OF STATISTICAL	CERTIE	FICATE OF	DEATH		0.0

b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address town) NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address town) NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address town) NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Frederick
write RURAL and give neerest fown) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address 49-A South Market Street NAME OF First Middle	Frederick ssj d. STREET ADDRESS e. ts RESIDENCE
Frederick 50 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address 49-4 South Market Street NAME OF First Middle	ss) d. STREET ADDRESS e. IS RESIDENC
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address 49-4 South Market Street NAME OF First Middle	ss) d. STREET ADDRESS e. IS RESIDENC
NAME OF First Middle	I ON A FARM
NAME OF First Middle	
	Last Last A DATE Month Day Year
(2)	OF
(Type or print) Melvin Augusti	
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Days Hours Min
Male White WIDOWED DIVORCED	Thomas boys thous mant
a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR I	
net. C.& P. Telelphone Co. Employee	
FATHER'S NAME	Adams Co., Pennsylvania U.S.A.
Adam C. Carbaugh	Annie Wagaman
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT Address
No [Ifyesgive werordefasofservice] 212-05-0813	Mrs. Emma Carbaugh Frederick, Maryland
18. CAUSE OF DEATH [Enter only ona ceuse per line for (e), (b), end (c).	
PART I. DEATH WAS CAUSED BY:	ONICET AND DEATH
IMMEDIATE CAUSE (a)	d'arthroselisosio with 4 yea
33/X DUE TO COR	d'arterosclesosis with y year
Conditions, if eny, which \ (b)	replaced vascular discuss
geve rise to immadiata cause	
(e), stetting the underlying	
cause test. (c)	DUT NOT BELAYER TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1(-) 10. WAS ALITORS
PAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
	YES NO
	OCCURED. (Enter neture of injury in Pert I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
2Dc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED	2De, PLACE OF INJURY (Home, farm, † 2Df. (City or town) (County) (State)
2Dc. TIME OF INJURY Month, Dey, Year 2Od. INJURY OCCURRED 2 Hour a.m. While Not Whila at work at work at work	factory, street, office bldg., atc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased	from
	nd that death occured at
22e. SIGNATURE	
1 1m t	ATTENDING MED. STAFF PHYS. B-21-1961
My Willarm	M.D. PHYS. DIRECTOR PHYS. 8-21-1961
NAME (Type)	
Dr. Rex Martin	M.D. 220 North Market Street Frederick, Md
	METERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify) Burial 8-23-1961 Mt. Oli	vet Cemetery Frederick, Maryland
	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
SV TECTIONS WITH B.	Article Control of the Control of th
	ck, Maryland DATE AUG 22'61 Outling &

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1-0.b 7.b

Line, Bouth Harren Street

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Curbanca Lungan 20,

98.C-12-1

Not. C.d P. Telebohone Co. Smologee Adams Co., Fernaylvania U.S.A.

CONTRACTOR OF THE PARTY OF THE

SE-35-0815 Mes. Pro Carbonet Frederick, Maryland

And the work will the

garyland warmen drawer

8-19 61

1 Martin

1.0. 920 North Maylet Street Frederick, 1

Serial 8-C7-1961 No. Clivet Cametery Prederick, Largiand

Robert S. Dailey & Son Frederick, Murgiand 2002 E. S. Dailey & Son

[2]-[6]

Tr. Rex Markin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9103 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ausside carporate limits, write RURAL and give nearest town) should be RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Month (Type or print) DEATH recent 9. AGE (In years lost birthday) 3 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months WIDOWED A DIVORCED [July 5 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: etastelic car IMMEDIATE CAUSE (0) DUE TO t dissending colon Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. 1 certify that I attended the deceased from 196/ that I last saw the deceased , and that death occurred at 12:15 AM, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) DETTBARN

22c. NAME OF CEMETERY OR CREMATORY

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

wor.

PERFORMED? YES NO NO

(Stote)

DATE SIGNED

(Stote)

Days

(County)

22d. LOCATION (City, town, or sounty)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE AUG

YES NO Z

Year

1961

0 VS A15 (4) 220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

	HCATE OR DEATH		
		man.	10 THE REP.
			The state of the s
		and the Bosses of I	
			S COLUMN TO SERVICE STATE OF SERVICE STATE
			A Contract of the con-
the editor will be from the collection and the coll			
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			internal section of the section of
	AND THE RESERVE OF THE PARTY OF		

moy be reduced by the first point or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 72 haurs after death.

PHYSICIAN: The law requires that the death certificate be ex

TO HOS

VR A15 (4) 1SM 9/59

rs after death. Poge 4

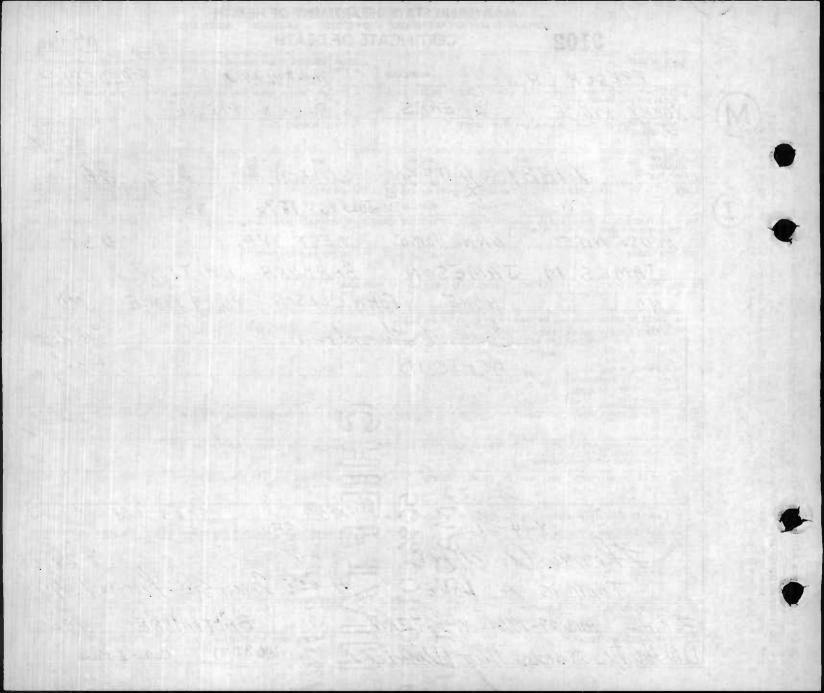
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

ngnga

	0 - 0 -						1103104
1. PLACE OF DEATH	The same of the			2. USUAL RESIDENCE (Who			pefare admission)
FRE	DERICK	'	MARYLAND	MARY	LAND b. COU	FRE	DERICK
b. CITY OR TOWN (I	f autside carporate limit earest tawn)	ts, write c. LENGT	H OF STAY IN 16	CITY OR TOWN (If a	utside carporate limits, w	rite RURAL and give	nearest tawn)
ROCKY	RIDGE	2 74	EARS	ROCK	N RIDGE		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	jive street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	L136	BY /AI	MESON	COLSON	4. DATE OF DEATH	Manth LUG C	Day Year 2:6 196/
S. SEX	6. COLOR OR RACE	MARRIED NE	DIVORCED	B. DATE OF BIRTH JULY 16 - 187	9. AGE (In y last birthd		EAR IF UNDER 24 HR ys Haurs Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark o	dane 10b. KIND OF 8	USINESS OR INDU	STRY 11. BIRTHPLACE (State of	or fareign country)	12. CITIZEN	OF WHAT COUNTRY
11 a 11 mm mm	WIFE	OWN	HOME	WEST	VA,	1	15A
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	1	
JAM	ES M	JAME	SON	BARBARI	9 BRIT	TON	
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR		CURITY NO. 17.1	NFORMANT		Address	
NO		NONE	10	HN COTZON	ROCKY	RIDGE	MO
and the second section of the second	ATH [Enter anly ane ca	use per line far (a), (b), and (c).]				NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Cesells	al The	ompris			12 days
46	DUE TO	A4				100000	. /
Canditians, if a gave rise ta i		, A5HT	CUD				- 20 ups
cause (a), stoting						1911	
lying cause last.) (c						Via vive virane
САТІС		DITIONS CONTRIBUT	ING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	N GIVEN IN PART 1(PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW	/ INJURY OCCURRE	D. (Enter nature af injury in P	art I ar Part II af item 18	3.)	
Y 20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	or 20d. INJURY OCC While Nat wat wark ☐ at wark	vhile fo	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		(Cau	nty) (Stat
	t(1) (this haspital	200 / 1					that(I) (we) la
saw the deceas	ed alive an L	7-6/12	, and that	death accurred at 32.	M, fram the cause	s and an the d	ate stated abave
71	rmas (1. 1	rol		D. STAFF PHYS.		7-28 SIGNE
22c. PHYSICIAN'S NAME (Type)	HOMAS	A bo	VE	14 West.	mainst.	Thun	und his
23a. BURIAL, CREMATIC REMOVAL (Specify)		0F 23c. NAA	AE OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, to	awn, ar caunty)	(State)
24 FUNERAL DIRECTOR	S SIGNATURE	ADDI	RESS 1	2So. REC'I	BY REGISTRAR 25b.	REGISTRAR'S SIGNA	ATURE
DD Hart	ler I Som	2 New	Wind		UG 3 0 '61	Orthur 2.	



MARYLAND STATE DEPARTMENT OF HEALTH

MARILAND STATE DEPARTMENT OF REALTH									
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND					
9104	RESEARCH AND RECORDS,	OF DEATH		03095					

2704	tem 1 Film G29	4 9/5/61 iuk
1. PLACE OF DEATH e. COUNTY		 USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
Frederck	MARYLAND	*. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporata limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Frederick		Braddock Heights X
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
local hotel at dinner		Potomac Ave. YES NO
3. NAME OF First DECEASED	Middle	Lest 4. DATE Month Dey Yeer OF
(Type or print) Joseph	S. Fis	cher DEATH 8 24 1961
	IED NEVER MARRIED 1 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
male white widow	/ED DIVORCED	12/11/1900 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
manager & salesman ret	ail janitoria	Maryland U.S.
13. FATHER'S NAME	supplies	14. MOTHER'S MAIDEN NAME
Henry Schulz		Mary Fischer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. II	NFORMANT Address Md
(Yes no or unkown) (If yes give we rordetes of service) 2	15-24-7676 Mr	s. Joseph Fischer, Braddock Heights
18. CAUSE OF DEATH [Enter only one cause		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	erougey or	collegion Megalia
DUE TO A) and s
Conditions, if any, which	Municipal Contain	ios destri heart deseare 2 years
gave risa to immadiate ceuse	annum ann	no comme mor miles a Lyears
(a), steting the underlying DUE TO		
ceuse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Yaar 20d		CE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d Hour e.m. Whi	1401 14 11110	rry, street, office bldg., etc.)
Print 17		11/7 1009 . 8/21/ 10/01 (1)
21.0	/	417, 19 99 , to \$/24 , 19 61 , that (I) (we) la
	19. (a, and that	death occured atM, from the causes and on the date stated above
228. SIGNATURE		ATTENDING MED. STAFF 22b. DATE SIGNE
Julier 13. Just	nao M.	
22c. PHYS/CIAN'S NAME (Type)		22d. ADDRESS
Dr. James B.	Thomas	Frederick ,Md.
	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL, SEMATION, 23b. DATE THEREOF	25c. MAME OF CEMETERS C	
REMOVAL (Specify) 8/28/1961	Lutheran Cen	netery Middletown, Md.
DEMOVAL (Secrital		netery Middletown, Md.
REMOVAL (Specify) 8/28/1961 24 FUNERAL DIRECTOR'S SIGNATURE	Lutheran Cen	netery Middletown, Md.

Continue of the continue of th a STEERS WISHES STEERS OF TOWN-18-108 TOWNand the state the state of the 10 pels to 214 STATE OF THE SAME and the state of t

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

							01111
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where deceese		n: Rasidence	before edmission)
	derick	MARYLAND	a. STATE Mary	hand	b. COUNTY	reder	ick
b. CITY OR TOWN (if or		c. LENGTH OF STAY IN 16	c, CITY OR TOWN				
write RURAL and gl							
Freder			Frede	rick			
d. NAME OF HOSPITAL	OR INSTITUTION (if no	t in hospital, giva street address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
610 Schley A	venue		610 Schley	Avenue			YES NO TO
3. NAME OF	First	Middle	last	4. DATE	Month	Day	Yeer
DECEASED (Type or print)	TI CONTA TO TO		TOT OOK CD	OF		2	1961
	HOWARD	OLIVER	FLOOK SR.		August		
S. SEX	. COLOR OR RACE 7. A	MUNICIPAL INC. MUNICIPAL TO	. DATE OF BIRTH		E (In years IF UNDE birthdey) Months		Hours Min.
Male	White w	DOWED DIVORCED	June 18, 190	9 5	2 yrs. Months	Deys	nours min.
a. USUAL OCCUPATION		106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	nty & State, or foreig	n country) 12. (CITIZEN OF	WHAT COUNTRY
done during most of working		Dadleman	Fradorio	le Manyella	nd	USA	
Pullman Cond	uctor	Railway	14. MOTHER'S MAIDEN	k, Maryla	TIC.	UDIA	
					hanna		
Oliver o	. Flook		Floren	ce M. Tri	tapos		
5. WAS DECEASED EVER			NFORMANT		Addrass		
Yes, no, or unkown) (Ifye	s giva war or dates of servic	219-07-8237 Mr	s. Agatha A.	Flook	Same as i	tem #	2
	TH IEntar only one ceur	se per line for (a), (b), end (c).]				1 INTE	RVAL BETWEEN
	VAS CAUSED BY:	,					ET AND DEATH
	MEDIATE CAUSE (+)	LYMPHOSARCOM	P			3	'12 yrs
1200	DUE TO						
Conditions, if any,	1						
gave rise to immediate							
(a), steting the unde	POLIE TO					0 70	
causa lest.	(c)					7	
PART II. OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PA	ART 1(e) 19	
						VI	PERFORMED?
20- ACCIDENT WAS	HAIDERI VINIC III I 20	L DESCRIBE HOW MILIBY OCCURED	/Enter nature of injury in	Don't I as Don't II of it.	n 10)	1	T HO M
PART II. OTHER SI	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED	. (runar nerure or injury in	ren for ten ii of iii	711 1U.)		
	EDICAL EXAMINER)						
20c. TIME OF INJURY	Month, Day, Yeer		CE OF INJURY (Home, fern		own) (C	County)	(Stete)
20c. TIME OF INJURY Hour a.m.	1000	While Not While fact	ory, street, office bldg., etc	.)			
p.m.	19	el Molk al Molk	0 1/	41 0	1 0	-	
21. I certify that	t (1) (this hospital)	attended the deceased from.	2/14	19 G to	J, 1	19 (a.f., th	at_(I) (we) las
saw the deceased	alive on 7	311961, and that	death occured 5:	3.07M from the	causes and or	n the dat	e stated above
22a. SIGNATURE		^			5 - 1 - 2 2		
0.0	D D	() on	ATTENDING		TAFF Asse	gust 4	1961 DATE
Kuha	end C. A	teynolels, M		DIRECTOR PI	iys. Aug	gust 4	, 1701
22c. PHÝSICIAN'S NAME (Type)			22d. ADDRESS		The Three of	3 4 - 1.	. Wa
10.000	Richard C. I	Reynolds M.D.	9 East 0	nuren sti	eet, Fred	Seltck	, Ma.
3a. BURIAL, CREMATION	1, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or cou	unty)	(Stete)
REMOVAL (Specify)				Poonche	220	Marw	harf
Burial	8-6-61	Boonsboro Cen	NAME OF TAXABLE PARTY.	Boonsbe	1	-	Land
24 FUNERAL DIRECTOR'S		ADDRESS	The second secon	C'D BY REGISTRAR	25b. REGISTRAR		UKE
M. R. Etchia	son and Son	, Frederick, Mary	and DAKUG	7 '61	arily 8	trans	
			MUM				

drugath our Las Houles Savido Long Long Long Playence E. Transpor MIN-07-1237 Ere. Stother . Fronk Lame as house At 7/31 6/3 9/4 5:30:4 of M. A. Abolicon and don, eraderick, Miryland and gray being the constant TO HOST AL OR ALT DING PHYSICIAN: The law requires that the death certify be executed hin 24 hours after the death. Page 4 may be residued by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9105 CERTIFICATE OF DEATH COUNTY Frederick b. CITY OR TOWN (if outside corporate limits, Frederick b. CITY OR TOWN (if outside corporate limits, Frederick b. CITY OR TOWN (if outside corporate limits, Frederick b. CITY OR TOWN (if outside corporate limits, Frederick c. LENGTH OF STAY! N 1b Since 2/25/58 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Maryland Odd Fellows Home 3. NAME OF BECRASED (Type or print) S. SEX 6. COLOR OR RACE [7, MARRIED NEVER MARRIED 8. DATE OF BIRTH DECEMBED 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if reti	7										
1.	PLACE OF DEATH	ick		MARYI	AND	a STATE			ITV -		dmission)
	b. CITY OR TOWN (if out write RURAL and give Frederick	side corporate limits e nearest town)	,		1110	1/		orporata limits, write	RURAL and give	nearast tow	n)
				pital, give straet addra	ss)	d. STREET ADDRE	SS			ONA	FARM?
	DECEASED (Type or print)	WILI		E.			OF	тн	August 21		
	Male	White	WIDOWE	DIVORCED		21 Jan 188		80 yrs.	Months Deys	Hours	Min.
do e	ne during most of working tired-Utilit	life, even if retired)		INDUSTRY	Thurmont	, Mary			F WHAT C	OUNTRY?
	Henry C. For		CES? 16.	SOCIAL SECURITY NO	0 17. IF	Ann E. Bl.		Address			
	PART I. DEATH W IMM Conditions, if eny, w gave rise to immediate (a), steting the under	AS CAUSED 8Y: EDIATE CAUSE (e) DUE TO hich lying DUE TO DUE TO	5		.}	reser	der	direar	INT	ERVAL BET	WEEN
CERTIFICATION	PART II. OTHER SIG	UNDERLYING []				RELATED TO THE TER				PERFO	UTOPSY RMED? NO
MEDICAL	20c. TIME OF INJURY Hour a.m.	Month, Day, Yee	2Dd. I While	Not While		CE OF INJURY (Home, I ry, street, office bldg.,		Clly or town)	(County)		(State)
	21. I certify that saw the deceased 22a. SIGNATURE	(I) (this hospita	42)	19. 61 , ar	from nd that	ATTENDING PHYS. X	MED. DIRECTOR		22	22b Aug 1	above.
	BURIAL, CREMATION, REMOVAL (Specify) BURIAL FUNERAL DIRECTOR'S S	8-24-61		United Bre		n Cemetery	Thu	armont, Mo	d.		eto)
24	M. R. Etchi		, Fre		aryla	nd			illus S. Kras		

min n n thefyend the same Sance 2/25/ab Predericie To ... 13 bangua ... The state of the s paragraph of the sense MENICE AND HORS THE LEVEL BELL BUT SELLION OF THE CHILD COLUMN AS A LONG IN Charles Carolin a transfer in the second of the second Jan 12 Chesa carry so and hit Times The state of the s H. C. Thomas A. D. 222 I. Market Str., Briller, Lory D. and letter the system? Reprisone bookens a during

. A. Ekolison & odn, frederick, daryland . . and profits the

PHYSICIAN: The law requires that the deoth certificate be ex OR ATTEND

TO HOSP

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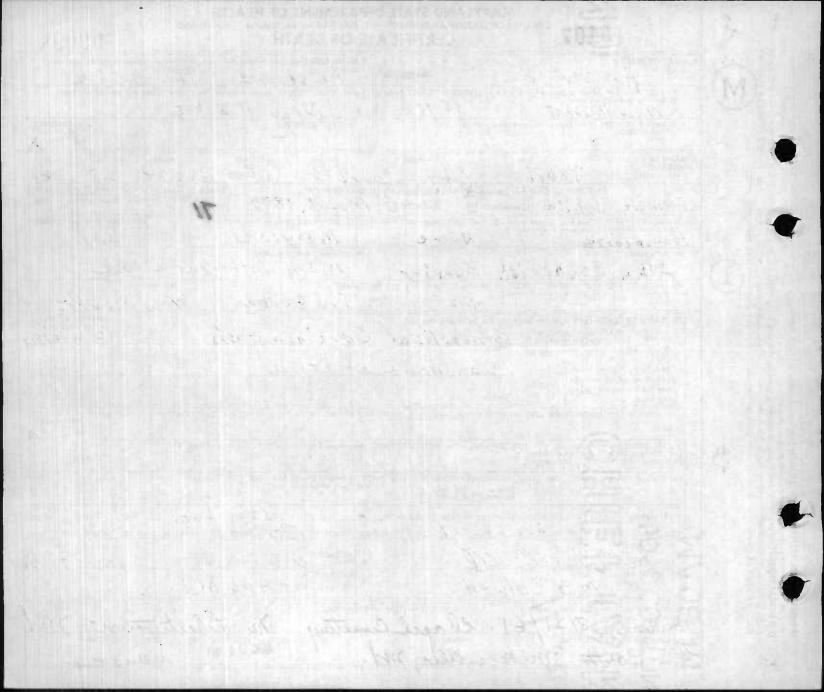
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFI

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CATE OF DEA	ATH	09098

1.	PLACE OF DEATH O. COUNTY TYPE device MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Now Market 15475	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Market
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Pearl May G	Lost OF DEATH AUGUST 28 1961
5.	Fomdle white widowed Divorced	B. DATE OF BIRTH Moy 28, 1890 9. AGE (In yeors lost birthdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) House wife Worne	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	Allen Zachariah Burrier	Mary Catherine Lease
	. WAS DECEASED EVER IN U. S. ARMED FORCES? es. no. or unknown) (If yes, give wor or dates of service) -// 0	Fra Garber Mew Market
	B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	Carcinomatosis interval between onset and death 3 months
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL CE	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an AUR. 27. 1861., and that a 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) W.B., CU/We//	death accurred at 32 M, fram the causes and an the date stated above. M.D. PHYS. MED. DIRECTOR PHYS. ALLEY SIGNED 22d. ADDRESS M. T. A 1ry, M. J.
	10. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL SPECIFY STATES ADDRESS	DE CREMATORY 23d. LOCATION (City, town, or county) Cernetery 25d. REC'D RY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE Cathy & There
		The state of the s



TO HOS AL OR AT DING FRISLAND.

Solution of death. Page 4 may be resembled by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral process.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please parece carbon papers. Pages 1 and 2 should a director, page 3 should be detached for use as the burial-transit permit. Then please parece carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please parece carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please parece carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please parece carbon papers.

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ithin 24 hours after

DING PHYSICIAN: The law requires that the death certification

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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 9108

1. PLACE OF DEAT a. COUNTY	H			2. USUAL RESIDE	NCE (Whare da	caased livad, If i		nca bafora admission)
	Frederick		MARYLAND		Maryland			ederick
b. CITY OR TOWN write RURAL ar	(if outside corporata lim	its, c	LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corp	orata limits, write	RURAL and give	naarast town)
Frederick			1 Day	// Fred	erick			
d. NAME OF HOSE	PITAL OR INSTITUTION	(if not in hospita	I, giva street address)	d. STREET ADDRES	SS			a. IS RESIDENCE ON A FARM?
Frederick	Memorial I	Hospital		619	Magnolia	Avenue		YES NO NO
3. NAME OF	First		Middla	Last	4. DATE	Month	Day	Yaar
(Typa or print)	МАІП	חודי	SARAH	GARDNER	OF DEATH	Asser	not 15	1961
5. SEX	6. COLOR OR RACE		NEVER MARRIED 8	DATE OF BIRTH	19.		UST 15	
77	200 14			T 00		last birthday)	Months Days	Hours Min.
Female	TION (Giva kind of wor	WIDOWED	OF BUSINESS OR INDUSTI	January 28,	The second second	70 yrs.	I 12 CITIZEN	OF WHAT COUNTRY?
	orking lifa, aven if ratir			II. BIKITIFEACE (CO	outily of State, of	-		
Domestic			At Home		Maryland	i	U	ISA
13. FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME			
	Llard F. Lea			F	annie G.	Danner		
15. WAS DECEASED E	VER IN U.S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT		Addrass		
No	(II) as give was or deleads	301 4760)	Mrs	. Edith L.	Staley.	Same as	Item #2	
	DEATH [Entar only one	e cause per line	for (a), (b), and (c),)				1.11	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:		acute me	mendel.	~~	100	0	NSET AND DEATH
17)				1	N- Jack			1000
Conditions if an	JUE 10	N	yentersu	a condin	146	0. 5		29.1.
Conditions, if an)(1	guensu	e Contrato	residen-	acesa	al	190
(a), stating tha	underlying DUE TO	1	1.1.	10th				74000
causa last.) (c)		saveres "	munity .				freeze
PART II. OTH	ER SIGNIFICANT COND	ITIONS CONTR	BUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
3								YES X NO
	WAS UNDERLYING TO	20b. DESCRI	BE HOW INJURY OCCURED). (Enter natura of injury	in Part I or Part II	of itam 18.)		
	Y MEDICAL EXAMINER							
3 20c. TIME OF INJ				ACE OF INJURY (Homa, f		or town)	(County)	(Stata)
20c. TIME OF INJ Hour a.m.		While at work	Not Whila fac	tory, straat, offica bldg.,	arc.)			
				5-14	10/0/ 10	8-15	- 106/	that (I) (we) last
			d the deceased from.					
)	17.1a./, and tha	dealn occured at.	.x.y.y/M, from	rne causes	and on the d	22b. DATE
22a. SIGNATURE	1 1	m	-	ATTENDING	MED.	STAFF		SIGNED
DIVELTITA	My MI	park	in h	A.D. PHYS.	DIRECTOR	PHYS.		
22c. PHYSICIAN			if D	,	mleat St	Frada	niak Me	bae lum
	Rex R. M			North Ma				
23a. BURIAL, CREMA REMOVAL (Spacif	TION, 236. DATE THE	REOF 2	3c. NAME OF CEMETERY	OR CREMATORY		ATION (City, Io		(Stata)
Burial	Aug. 18,	1961	Mount Olivet	Cemetery	Free	derick,	M	ryland
24 FUNERAL DIRECTO			ADDRESS	2Sa.	ACC BY SECTE		GISTRAR'S SIGN	
M. R. Etcl	hison & Son	, Frede:	rick, Marylar	d DATE	- TAN I O O	a	rithmy L. Kr	ALAS

- broughts de Ermani Female Tolkies Track & Track Tolkies Tolkies Tolkies The state out of the court that may the man that Hypertern and the second of the second E telegraphit Legita, e. .. Harden, e. .. Harden and the control of the control Sinteresta, Morrabart Street of devilo June 18,195 and Lainel M. H. Stonisch & Son, Frederick, Maryland Als 18 78 Commun F. ..

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death.		
urs after	30	1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

109

CERTIFICATE OF DEATH

a. COUNTY			a. STATE	ICE (Where deceased lived, If b. COUI	NTY					
Frede	- 1	MARYLAND	Mary.		Freder					
b. CITY OR TOWN (if o write RURAL and gi	ve nearast town),	Since 9-6-56	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Frederick							
d. NAME OF HOSPITAL	OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE				
Frederick Ch	ronic Hospit	al	/ 12 Ea	ast Third Stre	et	YES NO				
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day	Year				
(Typa or print)	IDA	BELLE GET	ZENDANNER		gust 3,	1961				
5. SEX	COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.				
FEMALE	THE	OWED DIVORCED	6 Jan 1864	97 yrs.	Months Days	Hours Min.				
10a. USUAL OCCUPATION	N (Give kind of work	Ob. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Cour	nty & State, or foreign country,	12. CITIZEN O	F WHAT COUNTRY?				
House-work	ng life, even if retired)	At Home	Lewistown.	Maryland	USA					
13. FATHER'S NAME			14. MOTHER'S MAIDEN							
Alexander R	amsburg		Hannah Cro	onise						
15. WAS DECEASED EVER (Yas, no, or unkown) (Ifya		16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres						
No	9110 War Or Gales 013011100	None Mis	ss Mattie S.	Ramsburg (Sam	e as item	#2)				
18. CAUSE OF DEA	ATH [Enter only one cause	per line for (a), (b), and (c).]			INT	ERVAL BETWEEN				
	MAS CAUSED BY: MEDIATE CAUSE (a)	Olypuia	mules	udities	ON	ISET AND DEATH				
400	DUE TO	- belower	1	- 100001						
Conditions, if any,	700									
gave rise to immediate	causa									
(a), stating the under	orlying DUE TO									
causa last.	(c)	CONTRIBUTING TO DEATH BUT NO	OT BELLATED TO THE TERMI	INAL DISEASE CONDITION OF	VENI INI DART 1/-): 1	VZGOTIA ZAW Q				
PART II. OTHER S. 20a. ACCIDENT WAS OR CONTRIBUTING OF	Le-	nility	J. KEENIED TO THE TERMI	MAE DISEASE CONDITION OF		PERFORMED?				
20a. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY M	CAUSE OF DEATH	DESCRIBE HOW MUNRY OCCURED). (Enter nature of injury in	Pert I or Pert II of item 18.)						
20c. TIME OF INJURY Hour a.m.		Whila Not While fac	ACE OF INJURY (Home, fari tory, street, office bldg., atd		(County)	(State)				
₹ p.m.	19	at work at work	A. hr	1 0 0	6					
21. I certify tha	'''	attended the deceased from.				hat (I) (we) las				
saw the deceased	alive on	3 19 6 , and that		30PM, from the Quses	and on the da					
22a. SIGNATURE	4J110		DAMES OF THE PERSON OF THE PER	MED. STAFF DIRECTOR PHYS.	E	Aug 1961				
22c. PHYSICIAN'S	1 V July	W N	22d. ADDRESS	DIRECTOR PHYS.)	rug Tior				
NIAME /Towns	H. F. Kline,	M. D.		ket St., Frede	rick, Md.					
230. BURIAL, CREMATION	8-7-61	Mount Olivet		Frederick,		(Stafe)				
24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. RE		TURE				
		rederick, Marylan			irthur S. Kra					
			I DAIL M							

Natural details May How Braiging , carrained to be a de la (Se seri as man) grode all B siddel said and Charles and the control of The same and the same and the same and H. R. Mine, J. D. West Th. Merier St., anderick, de. SMANN THE CAR PARTY COME VARIOUS CONTRACTOR STATEMENT OF THE PARTY NAMED IN CONTRACTOR OF THE PARTY

ADDRESS

Frederick.

ray be remined by the FUNERAL DIRECTOR:

10 VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

250. REGISTRAR 256. REGISTRAR'S SIGNATURE 16'61 arthur & Kunt DATE

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

22b, DATE SIGNED

(Stote)

U.S.A.

(County)

Months

YES NO NO

1961

AND THE NAME OF THE PARTY OF TH A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERT			

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wit	(1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
dired	(M)	o. COUNTY Frederick Maryland Maryland Frederick
eral be f	11.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
P P P	1	Frederick 2 weeks X Keymar
the sha	110	d. NAME OF HOSPITAL (If not in hospitat, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
75 A	069	Frederick Memorial Hospital
i an	- 10	3. NAME OF . First Middle . Jost 4. DATE . Month Day Year
24 illed		OF DEATH Aug 30 1961
thin f		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthdoy) Months Days Hours Min
d w		WIDOWED TO DIVORCED August 29. 1875 Roberts Months Doys Hours Min.
o been		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY
o d	0	Laborer Farming Marvland U.S.A.
be n		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
icia e co		James A. Hahn Unknown
rtifica physic smave	3	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) 1/6 yes, give wor or dotes of service)
rer cer	ָּט ט	No 213-01-3184 Mrs. Silas Kline, Keymar, Maryland
andii ease	<u></u>	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN
off of		PART I. DEATH WAS CAUSED BY: Consoling Heart Factore ONSET AND DEATH
the the The		7-91X DUE TO 21
\$ 5	i \/	Conditions, if any, which) (b) Drovehopreumonic Belatins 7 days
ires ned erm		gave rise to immediate cause (o), storing the under-
sig sig		lying couse lost. (c) Callengthat 5 days
sicio een rans	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS UTOPSY PERFORMED?
phy:		Beneat mortate he he though with winn obster YES NOK
The h	1	20a. ACCIDENT WAS UNDERLYING (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUPYED. (Enter noture of injury in Port I or Part II af item 18.)
Fical fical	i	(IF EITHER, NOTIFY MEDICAL EXAMINER)
SIC att		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State foctory, street, office bldg., etc.)
PHY blar bis c	2	Hour o.m. While Not while foctory, street, office bldg., etc.} p.m. 19 ot wark of work
far t	2	21. I certify that (I) (this haspital) amended the deceased fram. 8/12 1961, ta 8/30 1961, that (I) (we) las
Aft Aft		saw the deceased alive an 2/2-9 1967, and that death accurred at 24M, from the causes and an the date stated above
the characters	3	220. DATE
ECT Ped	5	ATTENDING MED. STAFF PHYS. STAFF PHYS. STAFF
DIR H		22c. BMYSICIAN'S // 22d. ADDRESS
A AL		NAME (Type) Henry V. Chase 4 9. Church At Frederich M
HOSPring be FUNER	Dig	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
HO HO	9	Burial Sept. 1. 1961 Haugh's Cemetery Keymar, Carroll, Maryland
5 - 5 -	0	24. FUNERÁY DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRÁR 256. REGISTRÁR'S SIGNATURE
VR A15 (4) 1SM 9/59	By -	C.O. Fuss & Son Taneytown, Maryland DATE SEP 5 '61 Cottler & Kinus

npletely filled in by the funeral director, after death. Page 4

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	1110		CERTIFICA	ATE OF D	EATH			400		011	13
1. PLACE OF DEATH 6. COUNTY Freder:	ick		MARYLAND	o. STATE	ence (wi		lived. If institution b. COUNTY			re odmiss Fred	
b. CITY OR TOWN (If RURAL and give nea		s, write	c. LENGTH OF STAY IN 16	c. CITY OR	rown (If	outside corpor	ote limits, write R	URAL one	give ne	arest town)
Rural Emm			30 years	X R	iral	Emmits	sburg				
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	oddress)	d. STREET A	oute 7	<i>#</i> 1					IDENCE FARM?
3. NAME OF DECEASED	Firs	it	Middle	Los	t	4. DATE	Mon	nth	Do	ay '	Year
(Type or print)	Ida		Emma	Hahn		DEATH	August		31	, 1	1961
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRT	4		9. AGE (In years		RIYEAR	IF UNDE	
Female	White	WIDOW	ED DIVORCED	Feb.	4. 19	908	last birthdoy) 53 yrs.	Months	Days	Hours	Min.
On. USUAL OCCUPATION	(Give kind of work ong life, even if retired)		KIND OF BUSINESS OR INC	USTRY 11. BIRTHPL	ACE (State	ar foreign co	untry)			FWHATC	OUNTRY
Housewor	k		Own Home	Peni					J.S.	A.	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN 1	VAME					
Charles	Jacobs			Sar	ah L	yle					
5. WAS DECEASED EVER	IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress	9 (1)		
No	yes, give not or dollar or to		None 1	Ir. Luthe:	Hah	n. Rout	te #1, E	mmits	burg	g. Ma	ryla
gove rise to im couse (a), stating it lying cause lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	ne under DUE TO		CONTRIBUTING TO DEATH B	JT NOT RELATED TO) THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PA	ART 1(o)	PERFO	AUTOPSY RMED? NO 10
	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	f injury in	Port I ar Part	II of item 18.)	A		-10	
20c. TIME OF INJURY Have a. m. p. m.	Manth, Day, Yea	20d. 1 While at wor	Not while	PLACE OF INJURY (factory, street, affice			or town)		(County)		(Stote
saw the decease 20. IGNATURE /2c. PHYSICIANS NAME (Type) 230. BURIAL, CREMATION REMOVAL (Specify) Burial	Dwight Bi 23b. DATE THEREO Sept. 2,	15 kle	23c. NAME OF CEMETERY Keysville	M.D. ATTENDIN PHYS. 22d. ADDR 2 O	at/A	Main 23d. LOCAT Keys	STAFF PHYS. STAFF War ION (City, town, ville, U	Yne or county	sboi	22h (State Maryl	abave DATE SIGNED TALL Par (e)
24. FUNERAL DIRECTOR'S	SIGNATURE (CS) & Son		address nevtown, Mary	land	25a. REC'	D BY REGISTI		STRAR'S			

TO HOSPY OR ATTENDY PHYSICIAN: The law requires that the death certificate be expressed within 24 per great again. Tage may be recommed by the hospital and an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please redove cachon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

N.

VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before edmission) r death. If air ay is necessary, and 3 to the funeral director. Page is may be retained for your files. a. COUNTY b. COUNTY e. STATE Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and giva naerest town) Frederick 40 Minutes Frederick-Rural-R.F.D.#7 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) & d. STREET ADDRESS Frederick Memorial Hospital Shookstown death. 3. NAME OF Middla 4. DATE Last Month Dev DECEASED (Typa or print) SHERMAN **JENKINS** HAMILTON DEATH 30, August 5. SEX 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. PM3. Page 5 may pages and 2 with within 78 hours a 12 vrs Months November 28,1888 White Male WIDOWED DIVORCED [10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? 'in pencil in Item 18. Give Pages 1, Office along with form PM3. Page burial-transit permit. File pages and done during most of working life, even if retired) Retired Doctor of Dentistry Orleans County. N.Y. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T. Thomas Hamilton Lillian Jenkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unkown) | (Ifyesgive war or datas of servica) Mrs. Helen O. Hamilton-Same as Item #2 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN .⊆ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RUPTURED ANEURYSM of AORTA. ARTERIOSCL. IMMEDIATE CAUSE (a) DUE TO This certificate should ATHEROSCLEROSIS OF THE AORTA Conditions, if eny, which (b) gave rise to immadiata cause "pending" N 0 DUE TO (e), steting the underlying ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner."

FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or n. cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of fnjury fn Part f or Part II of itam 18.) PRIMARY | or CONTRIBUTING | XAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED ! 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy KX. Inspection XX Inquiry XX and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** B. O. THOMAS, M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Burial Mount Olivet Cemetery OH **540** 9 Sept. 1.1961 Frederick, Maryland 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE VS. A15ME - - 7 mg & Kroue DATE SEP 5 M. R. Etchison & Son, Frederick, Maryland 5M 7/59

a. IS RESIDENCE ON A FARM?

YES NO K

19 61

Hours

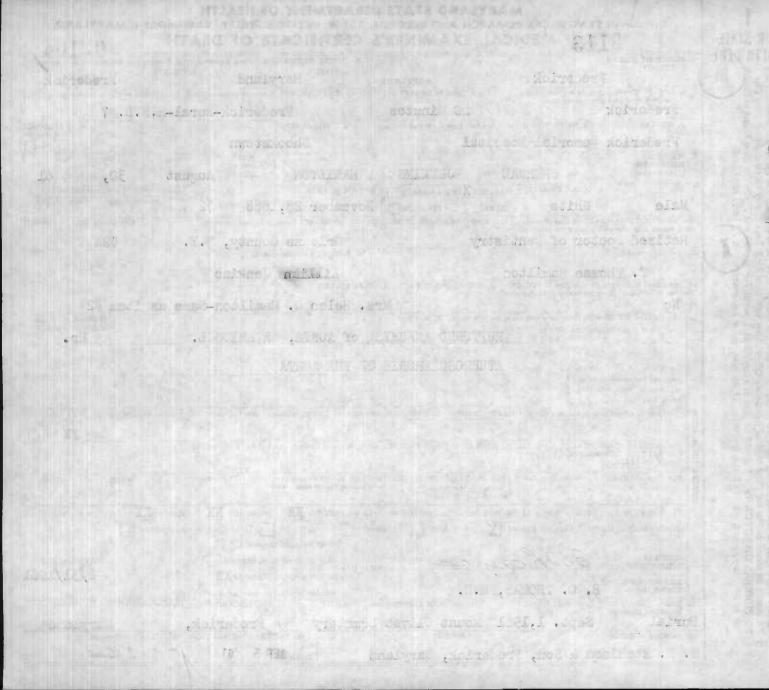
Hr.

PERFORMED? YES XX NO

(Steta)

DATE SIGNED

(Stelle)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

							ham.	
1. PLACE OF DEATH	2114		2. USUAL RESIDEN	ICE (Where deceesed		tution: Residen	ce before e	dmission)
_	erick	MARYLAND	e. STATE	yland	b. COUNTY	Freder	ick	
b. CITY OR TOWN (if	outside corporete limits.	c. LENGTH OF STAY IN 16		(If outside corporete I				n)
write RURAL and g		Voors	X Tour dans also	D 7	DDC			
	L OR INSTITUTION (if not in I	Years	d. STREET ADDRESS	- Rural -	KD6		I a IS DE	ESIDENCE
		nospites, give street eddress;						A FARM?
Near Fr	ederick		Near Fre	ederick	- 3/4		YES X	но 🗌
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year	
(Type or print)	RUSH	FLOYD	HARMON	DEATH	August	30	19	61
. SEX	6. COLOR OR RACE 7. MAR		. DATE OF BIRTH		(In yeers IF L		IF UNDER	
Male	NUTS O I			0		onths Days	Hours	Min.
00. USUAL OCCUPATIO	***************************************	. KIND OF BUSINESS OR INDUSTR	arch 15, 187		T.	12. CITIZEN C	F WHAT C	OLINTRY
done during most of work	ing life, even if retired)		II. BIKITIFEACE (COU	inly & Siale, or loreig	Country	iz. Citizeia C	WIIAIC	OUNTRI
letired Farm	Owner	Farm	Virgini			USA		
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Heze	ekiah Harmon		Serena	Dorcas Co	ole			
. WAS DECEASED EVER	IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	NFORMANT		Addrass			1112
res, no, or unkown) (Ify	es give weror dates of service)	None Mr	s. Ada G. Ha	rmon - Sor	10 20 3	tom #2		
	ATH [Enter only one cause pe		o. Aua u. IIa	rimon - par	ic as I	- "	ERVAL BET	WEEN
			1 ,				SET AND	
PAKI I. DEATH	WAS CAUSED BY:	myo cardial of	usaration	(/	free	·
420	DUE TO	0.						
Con this are it		the esperation	cardisvo	mulas de	used	32	ing	
Conditions, if eny,		uns seem ve	Carrie VV				year	e
(a), stelling the und	DUE TO							
ceuse lest.	(c)							
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	TION GIVEN I	N PART 1(e) 1	9. WAS A	UTOPSY
Rent	to werd mu	umorus						RMED?
PART II. OTHER S 20%. ACCIDENT WAS OR CONTRIBUTING CONTR		DESCRIBE HOW INJURY OCCURED	/Estan mature of lainer in	Post I as Post II at its	m 10)		153	NO M
OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	, (Enter neture of injury in	rem for rem il of lie	п 15.)			
	(EDICAL EXAMINER)							
20c. TIME OF INJURY			CE OF INJURY (Home, far		wn)	(County)		(State)
Hour e.m.		hile Not While tacl	ory, street, office bldg., et	c.)				
			1	1057 //	1 70	1061		
		ended the deceased from		1957, 10 Clas				
saw the decease	d alive on Line	25 1966 and that	death occured at		causes and	on the da	ate stated	d above
22e. SIGNATUE	16 11	,	ATTENDING	AIPD ST	A F.F.		22b	. DATE
luc	est 11. A/1/7	Ham "	ATTENDING PHYS.	MED. ST.	AFF YS.	111	4.3	SIGNED
22c. PHYSICIAN'S	" a Justo		22d. ADDRESS		,	·	0	101
NAME (Type)	Ernest A. Det	tharn M.D.	Wall	moell	1, Tus	1		
				1001 1001	1			
3a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town o	r county)	(St	tete)
Burial	Sept. 3, 196	I Zion Cemetery		Smyth C	ounty	Vi	rgini	ia
4 FUNERAL DIRECTOR'S		ADDRESS	2Se. RE	C'D BY REGISTRAR				
M. R. Etchi	son and Son F	rederick, Maryl	and DATE	SEP 5 '61	Ort	Lun S. Kr	aus.	
H. I. BOCHT	Join and Dong F	Toder Tok's mar'AT	TILL I DAIL			,	-	-

MI TOWN IN Harderston - Lames - tolerston in dill - farmon - Horrabant -THE STATE OF THE S Sa good attenuat - committe o 254 vale Jung andled preferation athersolartis cardin consular dance mount form there is at long in my 1. 12. 14. W Court Il Nettlem nettered to Manual J. Housestern M.J. gradules and 1901 t. the Later audit i who is the first M. R. Wantings and Son, Prederick, Maryland

K	1
TO HOS. AL OR ALT DING PHYSICIAN: The law requires that the death certif be executed thin 24 hours after the death, page 4 may be refained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2. should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2. should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in apy event, within 72 hours after death.
be execute	carbon papers. Part, within 72 hours
death certif	ding physician please remove and in apy eve
uires that the visician.	permit. Then, or removal, a
The law req	has been signe e burial-transit ırial, cremation
PHYSICIAN the hospital o	this certificate d for use as that of the prior to bu
AT DING	CTOR: After ald be detached to Dept. of Hea
Page 4 may	INERAL DIRE or, page 3 shows ad with the Sta
TO HC	OF 415 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

9115 CERTIFICATE OF DEATH ()916

1. PLACE OF DEATH			2. USUAL RESIDEN	JCE (Whare deceased lived, If I	nstitution: Rasidenca bafora admission
Frederi	ck	MARYLAND			derick
b. CITY OR TOWN (if write RURAL and g		c. LENGTH OF STAY IN 18	11-	(If outside corporate limits, write	RURAL and give nearest town)
	L OR INSTITUTION (if not in		d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Vindabona	Convalescent	& Rest Home	West Patr	ick Street	YES NO K
NAME OF DECEASED (Type or print)	First	Middla	Last	4. DATE Month OF DEATH August	Day Yaar
	Irwin		Harry	nugus	
Female		RRIED NEVER MARRIED X	May 4,1870	9. AGE (In years last birthday) 91 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATIO	11111100	b. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY
done during most of work Housewor	ing lifa, aven if ratired)	At home	Frederick	The second second second second	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
William	H. Harry		Mary Harge	tt	
	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	res giva war or datas of servica)	Mana Mana	ma Manda D Ua	month D T D #4	S Fraderick Md
No	No		rs.Maude n.na	rgett,R.F.D. #6	INTERVAL BETWEEN
	ATH [Entar only one cause] WAS CAUSED BY:	A " 11	_		ONSET AND DEATH
	MEDIATE CAUSE (a)	Senelit	4/		5 years
794V	DUE TO		X		
Conditions, if ony,	which (b)				
gave risa to immadiat	a cause				
(a), stating the unc	darlying DUE TO				
causa last.) (c)	CONTRIBUTING TO DEATH BUT	NOT BELL ATER TO THE TERM	INAL DISEASE CONDITION CIV	ENINDART VALUE OF WAS ASSTORED
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER S	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter natura of injury in	n Part I or Part II of item 18.)	
20c. TIME OF INJUR Hour a.m.	Y Month, Day, Year 2		PLACE OF INJURY (Homa, far actory, street, offica bldg., et		(County) (Siala)
		tended the deceased from	n 1-29	1961, to 8-12	, 1961, that (I) (we) la
saw the decease		4 .			and on the date stated above
22a. SIGNATURE	1 mai	1	M.D. ATTENDING	MED. STAFF PHYS.	22b. DATE SIGNE
22c. PHYSICIANS	Rex R.Martin	M.D.	22d. ADDRESS 220 Nor	th Market St.,	Frederick, Md.
1	N, 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, tov	
REMOVAL (Spacify) Burial		1961 Mount Oliv		Frederick	Md.
4 FUNERAL DIRECTOR'S		ADDRESS	25a. RE	ADDRESS TO THE TAXABLE PROPERTY.	GISTRAR'S SIGNATURE
M.R.Etchison	n & Son, 106 E.	Church St.Fred	erick.Md. DATE	202 10 01	Irthur S. Kraus

* 1/1 151 wooded leights and the bear demail kaltala gan Arrasalwoli. William T. Carrier the children of the state of the last Sinster Telegraph of the control of the cont

1. H. Hetchikson & San. 186 E. hurch St. rederios, Mt. P

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. M. ADZEELDY . . . Z. JESTAL names 723

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

	9115	CERTIF	ICATE O	F DEATH			03167
1. PLACE OF DEATH o. COUNTY	rederick	MARY	0 51	ATE	rere deceosed lived. I	COUNTY	e before admission)
b. CITY OR TOWN (I RURAL ond give no Frederi		c. LENGTH OF STAY	IN 1b c. CI	Thurn	outside corporate limit	s, write RURAL and g	ive nearest town)
d. NAME OF HOSPIT OR INSTITUTION Frederick	AL (If not in hospitol, give	Hospital	d. S	TREET ADDRESS Cen te	r Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	airy	Dill Middle	Henr	lost 7/19	4. DATE OF DEATH	Month 4 G	28 196/
s. sex F'emale	7.77. 2 4	MARRIED NEVER MARRII		1, 189	9. AGE 10st 10st 10st 10st 10st 10st 10st 10st	4 7	1 YEAR IF UNDER 24 H Days Hours Min
Practical	ring life, even if retired)	Private Ho			or foreign country)	12. CITIZ	U.S.A.
John H	Long		14. MC	Eliza	Wilhelm		
IS. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FORCES (If yes, give war or dates of service	2 16. SOCIAL SECURITY NO 220-18-03	5 25	m Hennir	ng Th	Address	Md.
	TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).	1 / Le	mezel	hoge		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	Hyperten Chronic -	neph,	brolev	orinlar	dirage	10 yrs
S Z	paleter	ons contributing to de	is				1 1(0) 19. WAS AUTOP PERFORMED YES NO
(IF EITHER, NOTIFY	S UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter	noture of injury in	Port I or Port II of ite	m (g.)	
20c. TIME OF INJUR Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while at work of work	20e. PLACE OF II foctory, stre	NJURY (Home, form et, office bldg., etc	a, 20f. (City or town	(0	County) (St
saw the decease	et (1) (this hospital) a sed alive on Aug	ttended the deceosed			M, from the co	/1	L, that (I) (we) le date stated above
220. SIGNATURE	Lenry !	V- Chas		YS. DI	ED. STAFF		ary 28 /
22c. PHYSICIAN'S NAME (Type)	Henryl	1. Chase	MD	FE. Ch	urch s	t Fred	lerick/
230. BURIAL, CREMATIC Burial (Specify)	Aug. 30,		Ridge (Cemtery		ont, Md.	Fred. C
ammons	S SIGNATURE ONA	ADDRESS Thurn	nont, M		D BY REGISTRAR	25b. REGISTRAR'S SIG	

the functal director, should be fired with ofter death. Page 4 TO HOSPI. DR ATTENDIA "HYSICIAN: The law requires that the death certificate be executed within 24 hr ofter demay be recoved by the hosp of an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fungage 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

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HTM FO FOR STADINGSO TO BE TO A DE LE SE DE LA SE D Port of the state Fractions murds with a second facilities ## . L #E67 But community and man open of the fire THE CALL STORE STATE STATE OF a service of the service of the company of the service of the serv

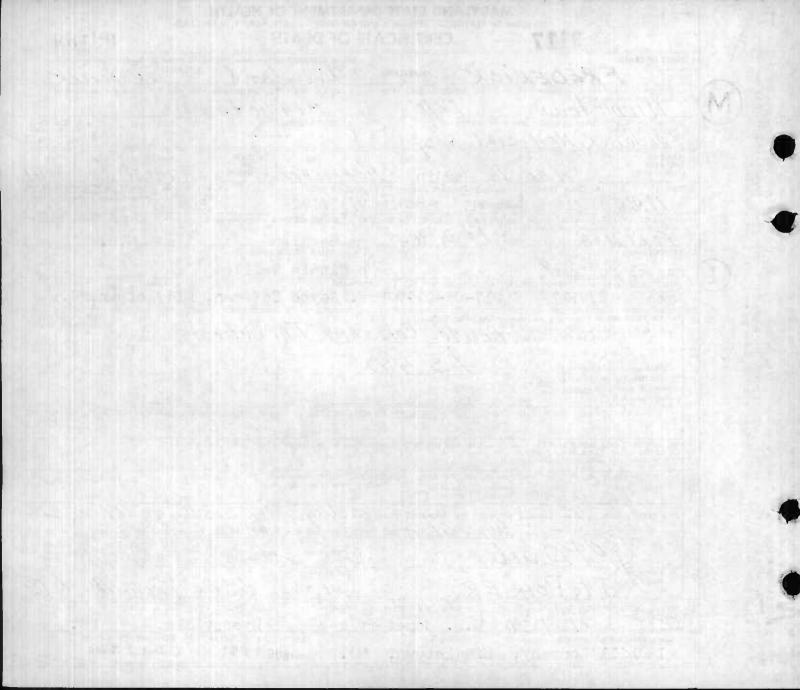
	3111	CERTIFICA	IE OF DEATE			31118
0	COUNTY FREDERIC	MARYLAND	o. STATE ary &	here deceased lived. If in b. COI	UNTY FRede	rick
b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, w	rite RURAL and give	nearest town)
d	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION, FREDERICK HEMCRI	et oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
D	AME OF First PECEASED (Spe or print)	Harding	HOFFMAN	4. DATE OF DEATH	Manth Ugist 1	Day Year 5 19 6/
s. s	MAIF	RRIED A NEVER MARRIED DIVORCED DIVORCED	8/04/E OF BIRTH 2/15/1921	9. AGE (In last birth		AR IF UNDER 24 HRS. S Hours Min.
	USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	FF Dietrick	Marylan	d	12. CITIZEN	OF WHAT COUNTRY?
-	ATHER'S NAME		14. MOTHER'S MAIDEN			
15. \	no or unknown) . If was nine were as dates of services		Minnie N FORMANT Cs. Joyce H		Address .ddletown	,Md.
	1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		NARY Thi	ombosis	0	NTERVAL BETWEEN NSET AND DEATH
	Conditions, if ony, which gave rise to immediate DUE TO	ASHU)			>
	lying couse last.			Part South Co.		
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITIO	N GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
CERT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Port I ar Part II of item 1	8.)	
MEDICAL	Hour o. m. Whi	f	ACE OF INJURY (Home, far tory, street, office bldg., et		(Coun	ty) (Stote)
	21. I certify that (I) (this hospital) attersaw the deceased alive an 15-au	10 1	15 aug 19	6/, to 15 Cl		
	22a. SIGNATURE Roisier		ATTENDING	STAFF PHYS.		22b. DATE SIGNED
	22c. PHYSICIAN'S TR POIRIL	ER	MEDICAL	center.	Frederica	K M.O.
٦	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		23d. LOCATION (City, t	awn, or caunty)	(State)
	ITIAL 8/18/1961 FUNERAL DIRECTOR'S SIGNATURE	U.B. Cemeter	_	Myersvill TO BY REGISTRAR 25b.	REGISTRAR'S SIGNA	Md •
A-7. I	Gladhill Company.	Middletown,	Md . DATAU		arthur S. Kra	

the funeral director, filed shauld be and 2 campletely filled TO HOSPI. DR ATTENDY PHYSICIAN: The law requires that the death certificate be exert a within 24 may be retained by the hospiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to buriof, crematian, ar remaval, and in any event, within 72 haurs after death.

after death. Poge

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TO HOS AL OR ALT DING PHYSICIAN: The law requires that the death certified be executed whin 24 hours after death. Page 4 may be remeded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and investo event, within 72 hours after death. TO HOS

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MARYL	AND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O 1 1 Q

CERTIFICATE OF DEATH

							-di, 47	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDE	NCE (Where decees	sed lived, If institution	Residence before ed	mission)
Frede	rick		MARYLAND	Mary	land		ederick	
b. CITY OR TOWN (if or	utside corporete limits,		c. LENGTH OF STAY IN 16			e limits, write RURAL	and give neerest town)
Rural Midd		,	vears	X Rural	Middlett	15/77		
d. NAME OF HOSPITAL		not in hospi		d. STREET ADDRES		AATT	e. IS RES	IDENCE
							ON A	FARM?
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey Yeer	
(Type or print)	Harri	let	C. H	Holter	DEATH	8	2 15	13
5. SEX 6			NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF UNDE	RIYEAR IF UNDER	4 HRS.
female	white	WIDOWED		8/2/1879	le	st birthday) Months 2rs.	Deys Hours	Min.
10a. USUAL OCCUPATION done during most of working	(Give kind of work	10b. KIN	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unty & State, or fore	ign country) 12. (CITIZEN OF WHAT CO	SYNTRY?
housewife			own home	Mary	hrel	U	q	
13. FATHER'S NAME			O WILL ILOUIO	14. MOTHER'S MAIDE		0.1		
Cornelius	Harley			Narcis	ssus Wil	lard		
15. WAS DECEASED EVER I	IN U.S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Address		
no no	2 A I A G MOT OL GOIGS OLZOL.		none Wi	llard S. H	Holter, 1	Middleto	wn. Md.	
18. CAUSE OF DEA	TH [Enter only one co	per lin	ne for (e), (b), end (c).]	3	1		INTERVAL BETV	
	VAS CAUSED BY:	pr	mary Deck	usion			ONSET AND DE	
4	MEDIATE CAUSE (e)		0.400			3	Seedel	ev
170.	DUE TO							
Conditions, if eny, v	()							-
(a), steting the unde	DITE TO	1	01.					
cause lest.	(c)_(in	ruselusor	4				
PART II. OTHER SI	GNIFICANT CONDITION	ONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE CON	ADITION GIVEN IN PA	ART 1(a) 19. WAS AU PERFOR	
TY.								10
OR CONTRIBUTING	20e. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
ZOC. TIME OF INJURY	Month, Day, Year	20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	arm, 20f. (City or	town) (C	ounty) (5	Stete)
20c. TIME OF INJURY Hour a.m.	19	While et work	Not While fac	tory, street, office bldg., e				
21. I certify that	(I) (this hospital) attend	ed the deceased from.	augt	1961 to C	ug 2 1	4.1., that (1) (v	ve) last
saw the deceased			19.6.1., and tha					
22e, SIGNATURE /	1	1 -	and ind	deall occurso are		0 000000 0110 011		DATE
220. SIGNATURE	Felmi	er H	arp ,	A.D. ATTENDING		STAFF PHYS.		SIGNED
22c. PHYSICIAN'S	•			22d. ADDRESS				
NAME (Type DI	. J. Elm	er H	arp	Middle	etown, Mo	d.		
230. BURIAL, CREMATION	I, 23b. DATE THERE	OF	23c. NAME OF CEMETERY			ON (City, town or cou	inty) (Sta	ta)
purial (Specify)	8/5/196		Reformed Ce	metery	Middl	etown, 1	Md	
24 FUNERAL DIRECTOR'S	SIGNATURE	100	ADDRESS			R 256. REGISTRAR		
Gladhill	Company,	Mid	dletown, Md	• DATE A	UG 7 '61	arthur a	8. Kraus	

s i c en PARTIES . THE RESERVE OF THE PARTIES the Carried of Collection 1200 1 1000 1000 1000 Call tails 1.7 of The west and the

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MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	ON OF STAT	ISHCAL RESEARCH	MIND	RECOR	<i>D</i> 3 —	- DAL
9119	4 ~	CERTIFIC	ATE	OF	DE	ATI

	09110	
111		
	hefore admission	

1	1. P	PLACE OF DEATH 2.	. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
1	C	O. COUNTY FREDERICK MARYLAND	O. STATE MARYLAND b. COUNTY FREDERICK							
1	E	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	1	RURAL and give nearest tawn) LIBERTY TOWN VEARS	X LIBERT X TOWN							
-	-	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
		OR INSTITUTION ALIN ST.	MAIN ST YES NO							
	3.	NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year							
		(Type or print) HAILE MAY	HOY DEATH HUGUST 18 1961							
н	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D	DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Hours Min.							
		COL WIDOWED DIVORCED A	PRIL8-1890 7/ yrs. Mains Days Mours Min.							
	10a.	Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
		HOUSE WIFE OWN HOME	MARYLAND USH							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		SHERMAN BIGGUS	HATTIE RHINE							
-		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	RMANT Address							
	1.00	NO 217-30-5463 HEL	LEN GREEN LIBERTYTOWN MD							
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
		PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROT	ic Heart Disease Years							
		LI A A DUE TO	The state of the s							
		Canditians, if any, which)								
		gave rise to immediate DUS TO								
		lying cause last.								
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
	ATI	Pulmoniary Fibrasis Performed?								
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Hame, form, 20f. (City or town) (County) (State)							
	WED	Haur a.m. P. m. 19 White Nat while at wark at wark	y, street, affice bldg., etc.)							
		21.1 certify that (I) (this haspital) attended the deceased fram. 2	2/19/60 12 , to 8/18/6/ 19 , that (1) (we) last							
		01-1-	oth accurred alignment, from the causes and an the date stated abave.							
		22a. SGNATURE	, 22b. DATE							
	П	1.H. aricate M.D.	D. ATTENDING MED. STAFF D. PHYS. D BIRECTOR D PHYS. D							
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
		T.H. CARICOFE	UNION BRIDGE, Md.							
	23a	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CF	REMATORY 23d. LOCATION (City, town, or county) (State)							
1	-	FURIAL AUG-21-1961 OLDFIELDS	FREDERICK CO MD							
Y	24.	A. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/ 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE							
-	1	ND Harter of Some Fibertistown	Md DATE AUG 22'61 Orthur & House							
	- I	The state of the s								

THE CAMERICAL WARRY CONTRACT OF THE PARTY OF STATE OF THE PARTY OF STATE OF THE PARTY OF

ofter death. Page 4 pletely filled in by the funeral director, ers. Pages 1 and 2 should be filed with within 24 may be retailed by the head of an attending physician.

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. HYSICIAN: The law requires that the death certificate be exe may be telled by the hero FUNERAL DIRECTOR: Aher TO HOSPIT

VS A15 (4) 15M 10/57

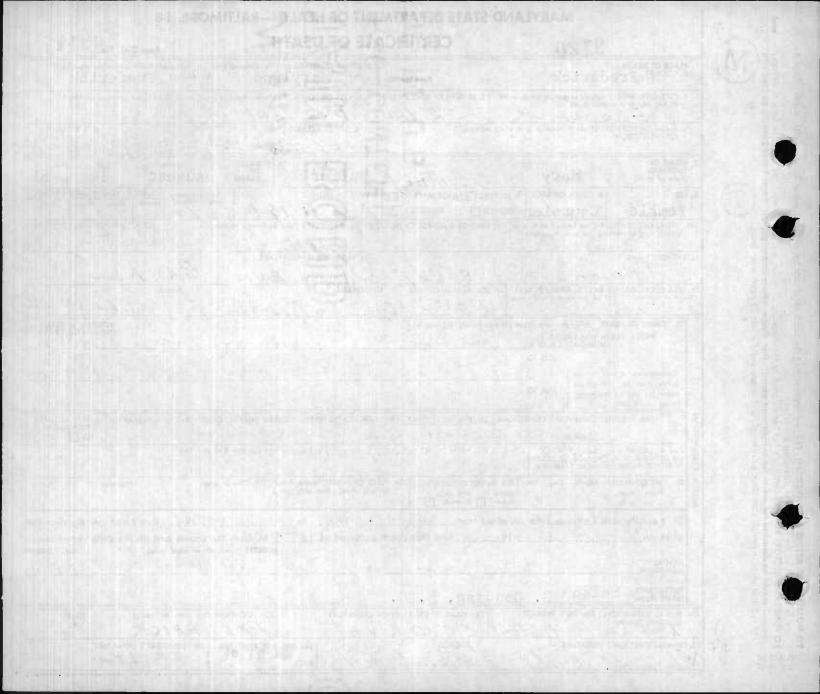
M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9120 CERTIFICATE OF DEATH

Reg. Dist. No. 311

	~ J. J. J. J.				Key. Di	st, 140, _1, _1,
o. COUNTY Fred	derick	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived		ce before odmission) derick
b. CITY OR TOWN (If RURAL and give need	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate li	imits, write RURAL and g	give nearest town)
/ 100%	EDERILK.	35 yRL	FREDI	EPICK		
d. NAME OF HOSPITA	L (If not in hospital, give street	oddress)	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM?
			160 EA	ST PAT	7712K S	YES NO Z
3. NAME OF DECEASED (Type or print)	Mary	COUNTINEY	Huffer	4. DATE OF DEATH	Month August	14 19 61
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH .	9. AC		I YEAR IF UNDER 24 HRS.
Female	Cauasianwidow	ED DIVORCED	14.1	893 1	yrs. Months	Doys Hours Min.
during most of working	N (Give kind af work done 10b. ng life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	ar fareign country	12. CIT	IZEN OF WHAT COUNTRY?
13. FATHER'S NAME		,	14. MOTHER'S MAIDEN	NAME	*	
140,	MAS CO	UPTNEY	MARY	ANN	HANL	6N.
	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	1.7	Address	
NO	yes, give wor or odies or tavice;	NONE	MIRIAM P	MEBLER	og FREL	DERICH ML
18. CAUSE OF DEAT	H [Enter only one cause per li	ne far (a), (b), ond (c).]			1	INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	entoniti à	we to seifor	ated went	ie ulcer	ONSET AND DEATH
576x	DUE-TO					1000
Conditions, if on	y, which) (b) O	noisted a	with sente	henge -	Coilen	10 dous
gave rise to im cause (o), stoting th	mediate (0	
lying cause lost.	(c)					
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU				T 1(a) 19. WAS AUTOPSY
5	Cuteroschert	te heart dree	ose, atuil o	fibillate	m .	PERFORMED? YES NO
PART II. OTHE	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of	item 18.)	
20c. TIME OF INJURY Haur o. m. p. m.	Month, Doy, Year 20d. II White of wor	Not while fi	LACE OF INJURY (Home, forn actory, street, office bldg., etc	n, 20f. (City or to	wn) (C	County) (State)
21. I certify tho	it I attended the deceas	ed from duguest	3 , 1961, to 0	ingust 14	., 19.67 that I I	ast saw the deceased
alive an@_	gust 13, 19	_6_L, and that deat	h accurred at 1230	A_M, from the	causes and on th	ne date stated above
		*		ADDRESS (Street, o		DATE SIGNED
ACTUAL SIGNATURE	elion gos	ranon	M.D. 810	Toll	House Dr	e 8/15/61
PHYSICIAN'S NE	elson G. Goo	dman, M. D.				n an
220. BURIAL, CREMATION REMOVAL (Specify)	AUG 17-61	22c. NAME OF CEMETERY OF	OR CREMATORY	EREL	City, town, ar caunty)	(Stote) MD
23. FUNERAL DIRECTOR'S	SIGNATURE C. Carles	ADDRESS - Ladenh	Tyd DATE	BY REGISTRAR	24b. REGISTRAR'S SIG	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19121 CERTIFICATE OF DEATH

1.	 PLACE OF DEATH COUNTY 				2.	o. STATE	ESIDEN	CE (Whara d	laceased lived	I, If institu	ition: Residen	ca before	admission)
1_	Frederic	k		MARYLAN	D	6. 31AIL	Mary]	Land	D. C.	F	rederi	lck	
	b. CITY OR TOWN (if	outsida corporete limi give neerest town)	ts,	c. LENGTH OF STAY IN	1 1b	c. CITY OF	NWOT S	If outside con	porete limits,	write RUR	AL end give	nearest to	wn)
	Frederic			47 Years		1)	Frede	rick					
4	d. NAME OF HOSPIT	AL OR INSTITUTION	if not In hos	pital, give street address)		d. STREET	ADDRESS						RESIDENCE
14	The second secon	erick Memo	rial 1	Hospital			1000	Rosemo	ont Ave	enue		YES	A FARM?
3.	NAME OF DECEASED	First		Middle		Lest		4. DATE	M	onth	Dey	Yes	ar
-	(Type or print)	GEOR	GE	MELVIN	JACO:			DEATE	7	Augu	- 9		61
- 3	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED] B, D	ATE OF BIRTI	Н		9. AGE (In you		nths Days	Hours Hours	R 24 HRS.
	Male	White	WIDOWE	D DIVORCED] 20	6 Sept	1913	3	47 yr	11101	nins Deys	nours	Will.
Î	Pe. USUAL OCCUPATION of work o	king lifa, even if retira	d)	ind of Business or Ind rt Detrick		-	rick,	Maryl	r foreign cour Land		USA	OF WHAT	COUNTRY
	George E.	Jacoba				Mabel	T. H	leim					
15	5. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			Ado	iress	-		-
0	Yes, no, or unkown) (If	yes give wer or dates of s	ervice) 2"	14-10-2741	Mana	T	0	Tanak	- 10-			110)	
-		BTW (Enter only one		ine for (e), (b), and (c).]	Mrs.	Louis	50 G.	Jacob	s _728	ne a	s item	#Z)	TWEEN
	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO which (b)	0	grona	nys	De	cl	f of use	al	Just	all	SET AND	DEATH THE
	geva rise to immedie (a), stating the un cause lest.	derlying DUE TO	(aran	a r	1,5	00	2006	, c			74	4.0
z		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	JT NOT R	LATED TO T	HE TERMIN	NAL DISEASE	CONDITION	GIVEN IN	N PART 1(a) 1	19. WAS	AUTOPSY
ATIO	C	Xtia	Pres	Tile!	000	0		54	2.00			YES T	NO L
CERTIFICATION	2Da. ACCIDENT WA OR CONTRIBUTING I (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URED. (E	nter neture of	finjury In	Pert I or Part	Il of item 18.)		. Ivi		
MEDICAL													
		at (I) (this hospited alive on	11	ded the deceased fr		ath occur	ed 7:4		m the caus	es and	on the d		
	220. SIGNATURE	2.4	12	7	M.D.	ATTENDIN	G /	MED.	STAFF PHYS.	7	2.0		b. DATE SIGNE
1	22c. PHYSICIAN'S NAME (Type)	A. T. Brid	ce, M.	. D.		Jeff		, Mary	land				
23	3a. BURIAL, CREMATIC REMOVAL (Spacify) Burial			23c. NAME OF CEMEN				-	ATION (City	Line		(:	Stata)
	Burial	8-12-6	L,	Mount Oliv	et Ue	meter	y	rred	lerick,	Mar	yrand	100	
24	M. R. Etc.		n, Fre	ederick, Mar	ylan	i			5TRAR 25b.		AR'S SIGNA		

Anglegen Jakotansk to the most file A STATE OF To 121 # 180 08 posta and a district of the design of the de LESSON OF RESIDEN George S. Janes TIL-10-2743 Med Medical I. James Allen and Attended In THE RESERVE OF THE PARTY OF THE

> Later to the contract of the c Seed and reduced the restand director among the State of

- . . Escallion a don, Frederick, arryland | 1 to main a month of

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH Frederick Maryland MARYLAND pletely filled in by the papers. Pages 1 and 272 hours after death b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 writa RURAL and give neerast town) Frederick days Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Frederick Memorial Hospital 412 Middle St completely 3. NAME OF Middle DATE DECEASED William DEATH (Type or print) Raymond Jones t, within 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEDEN NEVER MARRIED and 1-10-1901 event, Wale WIDOWED [DIVORCED 1De. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) physica laboror construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 Jennie Pollard Edward Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyas give war or detes of service) Lillian V. Hamilton 7-10-0255 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] þ ig physicia signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) burial-transit DUE TO Conditions, if eny, which been (b) geve risa to immedieta ceusa DUE TO (a), stating tha underlying has burial, couse lost. the certificate 92 use prior 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year While Not While factory, street, office bldg., etc.) Hour a.m. at work al work DIRECTOR: 3 should be de

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should State D

death. Page 4 reformed in the filed with the

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VR A15 (4)

15M 9/60

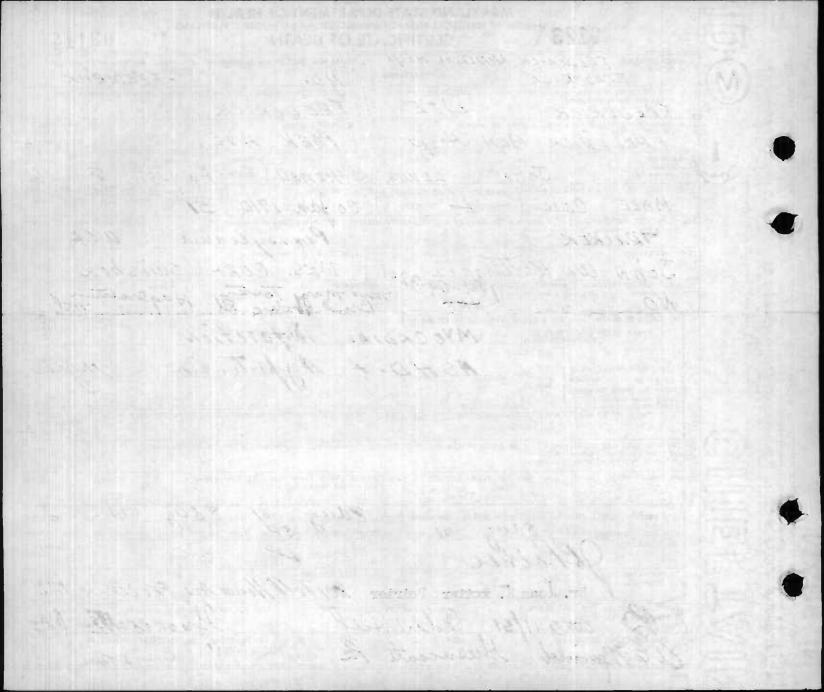
2. USUAL RESIDENCE (Where deceased fixed, If institution; Residence before edmission) b. COUNTY rederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 7 Month Dey Year 8 1961 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) Loudon Co Virginia U.S.A Address Frederick, Md INTERVAL BETWEEN ONSET AND DEATH Ulmonary Tuberculosis with PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) (County) (Slete) 2Df. (City or town) 1960, to Aug 17, 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Oct 24 1961..., and that death occurred at 5 10 from the causes and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS. M.D. 22c. PHYSIC Shopping Center treder 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Virginaa Lucketts Lucketts, Va 8-19-61 Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE AUG 23 Frederick, Md 6.E. Hicks 111

cago: Lesi Lin 05 - 100 1-01-k Lower Do Viet Token Late. E. S. INSTRUMENTAL TO THE PROPERTY OF THE PROPERTY O HAME TO MAKE THE WORLD TO SELECT THE SELECT SELECTION OF THE SELECTION OF U3 (24) HE ALMAND SHIPS SHIPS AND A SHIPS HE SH Die die sole ... The sole ... T MARYLAND STATE DEPARTMENT OF HEALTH

O 1 2 2 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	S123 CERTIFICATE OF DEATH (19114
(NA)	PLACE OF DEATH FREDERICK MEMORIAL HOSP a. COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY FREDERICK
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) FREDERICK c. LENGTH OF STAY IN 1b LIFE PREDERICK
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PREDERICK MEM. HOSP ON A FARM YES \(\sum NO) NO ON A FARM YES \(\sum NO)
•	NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DEATH August 8 19
ofter dec	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. B. DATE OF BIRTH 9. AGE (In/years lost birthday) 100 Hours Miles (In/years lost birthday) 30 Jan. 1910 3 yrs. Months Days Hours Miles (In/years lost birthday) 3 yrs.
haurs o	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNT PENNSYLVANIA 13. CITIZEN OF WHAT COUNT
ithin 72	John W. Ketterman 261 MRS. CORA Swisher
event, w	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 BOTH SECURITY DO. 17. INFORMANT 15. no. or yaknown) (If yes, give wor or doles of service) Hay bridge Rd Hay evel bridge Hay evel
in any	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) MYO CADIAL IN-FARCTION INTERVAL BETWEE ONSET AND DEAT
wal, and	Canditions, if ony, which) (b) ASHD. + Hypertension 10 year
or remo	gove rise to immediate couse (a), stating the under: lying cause last. DUE TO (c)
notian,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
ial, crer	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
r ta bur	20c. TIME OF INJURY Month, Day, Year 120d. INJURY OCCURRED While Not while at work at work at work at work at work at work.
iched fo	21. I certify that (I) (this haspital) attended the deceased fram 8 dug, 1961, to 8 dug, 1961, that (I) (see) I saw the deceased alive an 8 dug, 1961, and that death accurred at 5 PM, from the causes and an the date stated about
be deto	22a. SIGNATURE ATTENDING MED. STAFF SIGNATURE M.D. PHYS. DIRECTOR PHYS. STAFF
should te beard	Dr. Jean R. Politexx Poirier 22d. ADDRESS 80/ Toll House Ave, FREDERICK MD
page 3 the Stat	BURIAL, STEMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cly, town, or county) (Stote) REMOVAL DEPORTS. CONTROL OF CEMETERY OR CREMATORY 23d. LOCATION Cly, town, or county) CONTROL OF CEMETERY OR CREMATORY 23d. LOCATION Cly, town, or county)
(4)	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DATE AUG 1 4 '61 October 1 4 '61

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	9124	CERTIFICATI	OF DEATH		09115
1. PLACE OF DEATH a. COUNTY Frede	rick	MARYLAND	2. USUAL RESIDENC a. STATE Maryland	E (Where deceesed lived, If inst b. COUNTY Frede	
b. CITY OR TOWN (if outsi write RURAL and give Rural-Smiths	da corporate limits, neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporete limits, write R	
d. NAME OF HOSPITAL O	R INSTITUTION (if not in	hospital, giva street address)	d. STREET ADDRESS	Smithsburg	a. IS RESIDENCE
Route # 1	First	Middle	Route #	1 4. DATE Month	Day Yeer
(Type or print)	ETTA	MAE	KLINE	OF DEATH August	22 1961
5. SEX 6. C	OLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF	
female w			May 12, 188	6 75 yrs.	12. CITIZEN OF WHAT COUNTR
housewife	life, even if retired)	NIND OF BUSINESS OR INDUSTR	Frederick		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Simon P. 15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO.1 17.	Amelia .	Ann Harrison	
Conditions, if eny, wh gave rise to immediate ce (a), stating the underly cause lest.	use Dur vo	arcin omio	- of par	creces	9 mos
PART II. OTHER SIGN	IIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T REPATED TO THE TERMIN	al disease condition given	IN PART 1(e) 19. WAS AUTOPS' PERFORMED? YES NO
200. ACCIDENT WAS UP OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI	USE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pa	art I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	19 W	hile Not While fectors at work	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)		(County) (State)
				1 4	, 1962, that (I) (we) land on the date stated above
22a. SIGNATURE	G. K.	older »	ATTENDING ME	ED. STAFF	22b. DATE SIGN 23. 196
22c. PHYSICIAN'S NAME (Type)	G. A. Kohi	ler	22d. ADDRESS Smit	hsburg, Md.	_
23e. BURIAL, CREMATION,	23b. DATE THEREOF Aug. 25, 190	23c. NAME OF CEMETERY 51 St.Mark 's	OR CREMATORY	Wolfsville, F	or county) (State)
24 FUNERAL DIRECTOR'S BE	GNATURE SIXII	ADDRESS	2Se. REC'	D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
PEOPLE	I F.Bitti	e, Myersville	, Md . DATE AUC	3 2 5 '61 Chill	huy S. Kraus

Joinghor I

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Rurel-Smitheburg 50 years mural - Smitheburg

L W educa

Maryland Eroderick

SS Jacqua EVIII EAM ATTS female white Will 1886 75

housevife own home Frederick Co. Ed. U.S.A.

Arelia ing Herrison

none Mrs. Cleays Toms, emithaburg, Md. Ro. A.

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2 Statement of the said

to secondary of planer as

Burtel Aug. 25.1961 St. Mark's Lutheren Volferille, Frad. Co. No.

- Fittle, Mysraville, M., alliversyM. offite, 1 ise

Se Collection X X 23 PE

G. A. Mohlor Smithsburg, Md.

3172	CERTIFICA	IL OI DEAIII	
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Reo. STATE b. CONTROL H. CONTR	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	days oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM2
Frederick Memorial Hospita	al	25 East Third Street	YES NO
NAME OF DECEASED (Type or print)	Middle L.	Last OF DEATH CLASS	Day Year 19 19 61
. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED		NDER 1 YEAR IF UNDER 24 HR nths Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of wark done 10b. during most of warking life, even if retired)			2. CITIZEN OF WHAT COUNTR
Civil Engineer h	Retired	Frederick, Maryland	U.D.A.
David Kolb		Caroline V.Sawyer	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	W4	NFORMANT Address LSS Alice Kolb 25 East Third S	St.Frederick.Mo
Tes. WW #1	DATE .	iss Affee Note 2) East Third B	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse pen line PART I. DEATH WAS CAUSED BY:	te for (o), (b), and (c).]	6F.1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	agestive the	an James	121.
Conditions if any which	une ante	in referetti blees L. De	3 days
gave rise to immediate	my of the	to posses at years, con	ear
lying couse lost.	The Comple	Jeart Block	
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IT	N PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of item 18.)	THE ROLL NO
	NJURY OCCURRED 20e. PL.	ACE OF INJURY (Home, farm, 20f. (City or tawn)	(Caunty) (Sto
Coc. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While at warl	Nat while fac	ctary, street, affice bldg., etc.)	(000/)
21. I certify that (I) (this hospital) attend	7 / 1	1 2 1	19_6/, that (I) (we) la
saw the deceased alive on 220. SIGNATURE	19, and that c	death accurred at M, from the causes and a	n the date stated above 22b.DATE
(1 (1)	100	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNI
22c. PHYSICIAN'S NAME (Type) A.A. Pierre M. I	0.	22d. ADDRESS	d
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or co	unty) (State)
Burial 8/21/61	Mount Olivet		
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAI	R'S SIGNATURE
(.R.Etchison &Son, 106 E.Ch	urch St.Freder	ick, Md. DATE AUG 22'61 arthur	S. Kraus

in by the funeral director, and 2 should be filed with mpletely filled Poges 1 event, within 72 haurs after death offending physician and Then pleose remove corbon may be retrained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the buriol-transit permit. There or remaval, crematian, page 3 should be detached for use the State Board of Health prior to b VR A15 (4) 15M 9/59

PHYSICIAN: The law requires that the death certificate be

ofter death. Page 4

Marrabari No.2755erf A STATE OF THE PARTY OF THE PAR Did light Light which is the about H STATE OF THE STA . . . or a distribution of a picture of the colon of the The second of Designation of the second of the the second of the second STATE OF BETTER L Coloredor de menni e du mai notifica e MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CARTIFICATE OF DEATH

	9125	CERTIFICA	IE OF DEATH	7 0
a. COUNTY Fred	lerick	MARYLAND	e. STATE Maryland 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before the county by the c	
b. CITY OR TOWN (if write RURAL end	outside corporete limits, give nearest town)	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	lown)
	AL OR INSTITUTION (if not Memorial Hos	in hospital, give streat address)	72 Frank Co	S RESIDEN
3. NAME OF DECEASED (Type or print)	First MARY	CHRISTINE		NO 1961
5. SEX Female	White	AARRIED NEVER MARRIED NOWED DIVORCED		DER 24 HR
Retired-Man	king life, even if retired)	10b. KIND OF BUSINESS OR INDUS Department Store	Frederick, Maryland USA	T COUNT
Christian	L. C. Lampe		Mary E. Babel	
	R IN U.S. ARMED FORCES? yasgive war or detes of service	0)	ISS Mary E. Rhoads (Same as item #2)	
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO which to couse	Myorandia arterio sel		BETWEEN NO DEATH
PART II. OTHER 20a. ACCIDENT WA 20a. ACCIDENT WA (IF EITHER, NOTIFY				REORMED NO
20c. TIME OF INJUR Hour a.m. p.m.	CAUSE OF DEATH MEDICAL EXAMINER) WY Month, Day, Year 19 at (!) (this hospital)	20d. INJURY OCCURRED 20e. P While Not While at work at work at tended the deceased from	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County)	
22c. PHYSICIAN'S NAME (Type)	Thomas E. S.	Stone	M.D. ATTENDING MED. PHYS. 22 Aug 22d. ADDRESS 4 W. 3rd St., Frederick, Md.	22b. DAT SIGN 1961
23a. BURIAL, CREMATIC REMOVAL (Specify)	0N, 23b. DATE THEREOF 8-23-61	23c. NAME OF CEMETER Mount Olive	RY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
24 FUNERAL DIRECTOR' M. R. Etc.		Frederick, Mary	land 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	

TO HOW AL OR AL DING PHYSICIAN: The law requires that the death certifies be executed within 24 nours amenated by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

Somesbert -Is the challeng with the leadens BY LUS Hotelmon 1911 - 1978 - Transaction of the second contract of the second contr Hell the frank ablackers were secured with the come - beatles [3] Grantan II. C. Lauge and C. Lauge II. Rabel (24 mall as to 2) than I have believe A Contract of the Contract of the The best of the transfer of the boundary of th Thomas 1. John, 1. 2. 47. 3rd St., Trederlade, 10. Smith! 6-23-51 computation of the manufacture of the computation of th

ofter death. Page

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VR A15 (4) 15M 9/59

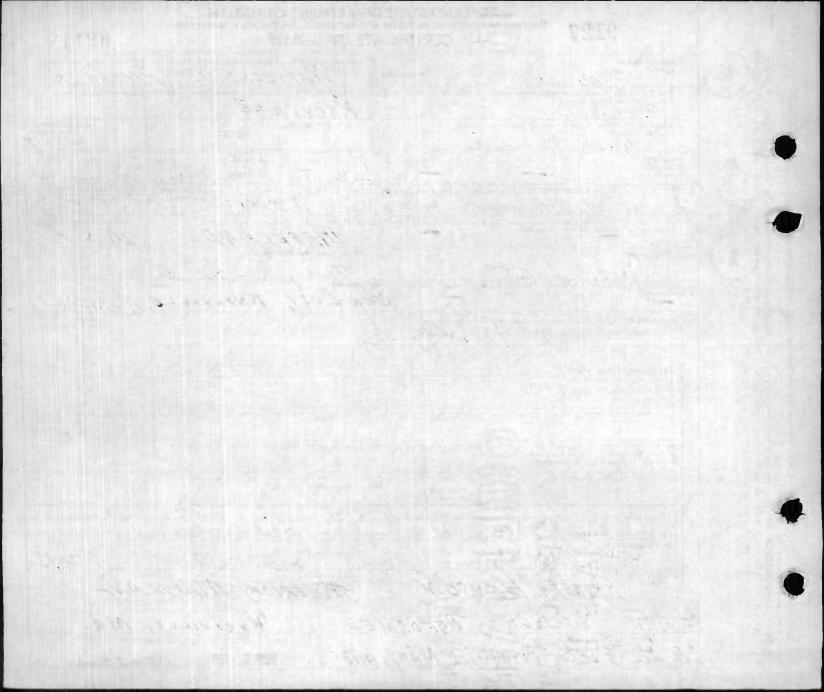
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09118

1. PLACE OF DEATH o. COUNTY	duck	MARYLAN	O. STATE	DENCE (Where deceased liver)	b. COUNTY	dence before admi FDERICI	ission)
b. CITY OR TOWN (IF RURAL and give nec	outside corporote limits, write irest town)	c. LENGTH OF STAY IN	c. CITY OR	TOWN (If outside corporate	limits, write RURAL o	nd give nearest tov	₩n)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	et oddress)	d. STREET A	ADDRESS	1	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle	Lus	4. DATE OF DEATH	Month	Doy 2.0	Yeor 1961
S. SEX	1 1 1 1 1	RRIED NEVER MARRIED		H 9.	AGE (In years IF UNI lost birthday) Month yrs.		DER 24 HRS
	N (Give kind of work done 10 ng life, even if retired)	b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPI	ACE (State or foreign coun	12.	CITIZEN OF WHAT	COUNTRY
13. FATHER'S NAME	& Lust		14. MOTHER'S	MAIDEN NAME	i Dar	2	
	IN U. S. ARMED FORCES? 1 yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	JACK LU	ST, KNOX	Address VILLE, /	MARYLA	NO
Conditions, if on gove rise to im couse (o), storing to lying couse lost. Part II. OTHI	mediate (DUE TO	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO	D THE TERMINAL DISEASE C	ondition given in	PERF	S AUTOPSY FORMED?
PART II. OTHI	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of			(Caumbul)	(Stote
Y 20c. TIME OF INJURY Hour o. m. p. m.	Whi		foctory, street, offic		TOWN)	(County)	(31016
21. I certify that saw the decease	(1) (this haspital) atte			1961, ta d at 4.36 %, from th		the date state	
22a. SIGNATURE	mette &	lenson	M.D. ATTENDIN	DIRECTOR	STAFF PHYS.	8/20	SIGNET
22c. PHYSICIAN'S NAME (Type)	ENNETH HE	NSON	22d. ADDR	ESS DERICK, CI	MARYLA	NA	
230. BURIAL, CREMATION REMOVAL (Specify)	8-1-1961	23c. NAME OF CEMETER	RY OR CREMATORY MED	KN OX	VILLE	Md. (St	tote)
24. FUNERAL DIRECTOR'S	SIGNATURE BOLL	ADDRESS MAR.	(Inwa)	25a. REC'D BY REGISTRA			
W. All .	MELL. URGA	Y WULLEY THE PARTY	1.14/11	DATE 5 61	7.51	. 9 46	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY a. STATE Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) .= Frederick Frederick 20 years illed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital Taney A completely 3. NAME OF Middle Month DECEASED OF (Type or print) DEATH Jesse Thomas McDonough August 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED carbon B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR and lest birthday) Months Male WIDOWED DIVORCED Feb. 10, 1898 63 yrs. 1De. USUAL OCCUPATION (Give kind of work OVe 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) physici Employed Goodwill Industries
13. FATHER'S NAME Montgomery Co., Maryland please .5 ding pue Vernon McDonough Rosie Histler aften WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (Ifyas give wer or detes of service) 216-22-7816 the Mrs. Maude S. McDonough 23 Taney Apts. Fred. Md. 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] by PART I. DEATH WAS CAUSED BY physici signed IMMEDIATE CAUSE (e) I-transit DUE TO Conditions, if eny, which peen geve rise to immediate cause DUE TO (a), stating the underlying the hi PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION certifical as use 0 2Da. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) d for the (IF EITHER, NOTIFY MEDICAL EXAMINER) detached Affer 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) fectory, street, office bldg., etc.) While Not While MEDI Hour a.m. et work et work 3 should be de 21. I certify that (I) (this hospital) attended the deceased from 196, to 196, to State D 19.61, and that death occured at A.P.M, from the causes and on the date stated above. saw the deceased alive on..... ATTENDING V MED STAFF DIRECTOR PHYS. eath. Page. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick Shopping Center, Frederick, Md. Dr. R. L. Michels M.D. filed v 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) O F & Mt. Olivet Cemetery Frederick, Maryland Buria ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60 Frederick. Maryland DATEALIG 8 Cathur & Harris

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

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U.S.A.

(County)

..., 19.4.5, that (1) (we) last

. IS RESIDENCE

YES NO

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IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

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(Stete)

22b. DATE

Aug. 5, 161

SIGNED

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ON A FARM?

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Dr. R. L. Michelm M.D. Trederick Shopping Center, Secondary Mi.

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9129

CERTIFICATE OF DEATH

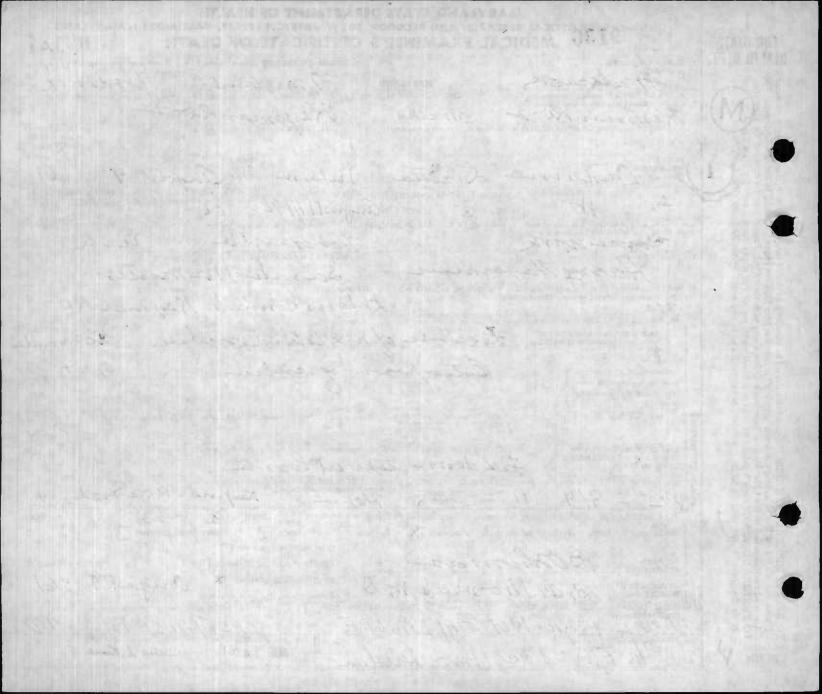
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Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Wash	
CITY (If outside corporate limits, write RURAL OR and give nearest fown) TOWNFrederick (Rural) 3 Weeks	CITY (If outside corporate limits, write RURAL end give near OR TOWN Sandy Hook	est town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONOCACY Hall Nursing Home	STREET (If rural give location) ADDRESS Main Street	1/X-1
DECEASED		(Day) (Year) 8, 1961
	30, 1887 74 yrs. Months	Days Hours Min.
done during most of working life even if OR INDUSTRY	II. BIRTHPLACE (State or foreign country) Sandy Hook, Maryland	COUNTRY?
13. FATHER'S NAME Thomas Dunn	14. MOTHER'S MAIDEN NAME Annie Lee Phelps	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give war or dates of sarvica) NONE 16. SOCIAL SECURITY NO.	Box 220, Knoxville, Mar	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
> MIMMEDIATE CAUSE (A) Bronchopneumonia		1 week
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ease	5 yrs.
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO K
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (Coun	
M. While Not while at work at work	If. HOW DID INJURY OCCUR?	
M.D. BPI	2:15AM, from the causes and on the date stated ADDRESS (Street, city, town, state) HOLLOW UNSWICK Md.	d above. DATE SIGNED Aug. 18, 19
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	erva Sandy Hook,	
DATE Orthur & Kraus	Novald Cackles Wes	t Va.

		J 40 :	PASHID		BREE		
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	BELL NI STANIO						
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L ers			installerate.				
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AND STATE DEPARTMENT OF HEALTH Division destatistical research and records, 301 W. Preston Street, Baltimore 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edinission) e. COUNTY Page les. necessary, MARYLAND the funeral director. F b. CITT OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest to d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE Por ON A FARM? retained he State B YES NO death. 4. DATE NAME OF First Middle Day Month Yeer DECEASED OF the Type or pring DEATH 1961 with COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 wit age 5 may 1 and 2 wii 72 hours Jast birthday) and Hours WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired pages 1 13. FATHER'S NAME File (Yes, no, or unkown) | (Ifyesgive werordates of service) Keymar RD with Mo Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN along transit pand in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) Office burial-t DUE TO pluods sous of vertal Conditions, if eny, which (b) geve rise to immediata ceuse (0) DUE TO (a), stating tha underlying Examiner 38 causa lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the word 99 NO X Medical pino 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. writing Chief | 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, age to be 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State fectory, streat, offica bldg., etc.) 0 Whila Not While forwarded to the L DIRECTOR: P. 19 4 et work at work prior execute the certificate, Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry (and in my opinion agent, Natural causes Accident X Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 2 DEPUTY MEDICAL EXAMINER EXAMINER'S plnods NAME (Typa) Address (Street, city, town, or county) DEPL 9926 228. BURIAL, CREMATION, 226. DATE THEREON 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) OL ö 40 ā 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 1 4 '61 VS. A15ME Chilhun S. Thomas 5M 7/59



After this by of this ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after certificate has been executed by the attending physician and completely filled in by the funeral director, the fine death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9131 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY FIREDERICK MARYLAND	STATEMARYLAN ACOUNTY FREDERICL
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nearest town)
OR and give naerest lown) (in this pface)	OR OR
·VII OODS BOKO I VEAKS	X TOWN WOODSBORO
HOSPITAL OR INSTITUTION OR	STREET (If rural giva focation)
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yaar)
(Type or Print) AMV REBECOA PO	WELL DEATH ADGUST 230 (1)
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE C	704-01 27 (01
FEMALE WILLIE STEED, JULY	18-1876 85 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, even if A T HOUF	COUNTRY
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
TOUGH WILL IAMA & SAMASS	D
15 WAS DEFEASED EVED IN II S ADMED PAGE TO THE TOTAL OF THE PAGE TO THE TOTAL OF THE PAGE TO THE PAGE	KEBECCA SPAHR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, np. or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS
NO NO NONE	L. LOWELL WOOLSBORD MD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
E11/634 0 1 0	
443 (MMEDIATE CAUSE (A) Brancho un	48 hours
ANTECEDENT CAUSE(S) DUE TO	
GIVING RISE TO THE ABOVE CAUSE THE TO	Ma Tarear
STATING UNDERLYING CAUSE LAST. DUE TO	andromania de son l'ineur
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	er) mersental
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, form, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that I attended the deceased from.	, 19.50., to 23.44x, 19.9, that I last saw the deceased
alive on 23 Quez, 19.6. and that deeth occurred at	1450 M. from the causes and on the date stated above
SIGNATURE OLL	ADDRESS (Streat, city, town, slata) DATE SIGNED
James . Hone & M.D.	Walkernolle mal 9/24/
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
BREMOVAL SPECIFY 8/2/6/1/1/ MT HOT	DE OEM MONERARD MAN
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS
AM 2961 Cithur S. Thous	W. 116/ 4/ 11/
DATE	NOWELL TRANSPERS NOODSBORO 191

SI PLOMITIAN-SITIAN TO THEMPELING MATE CHAPPEAN

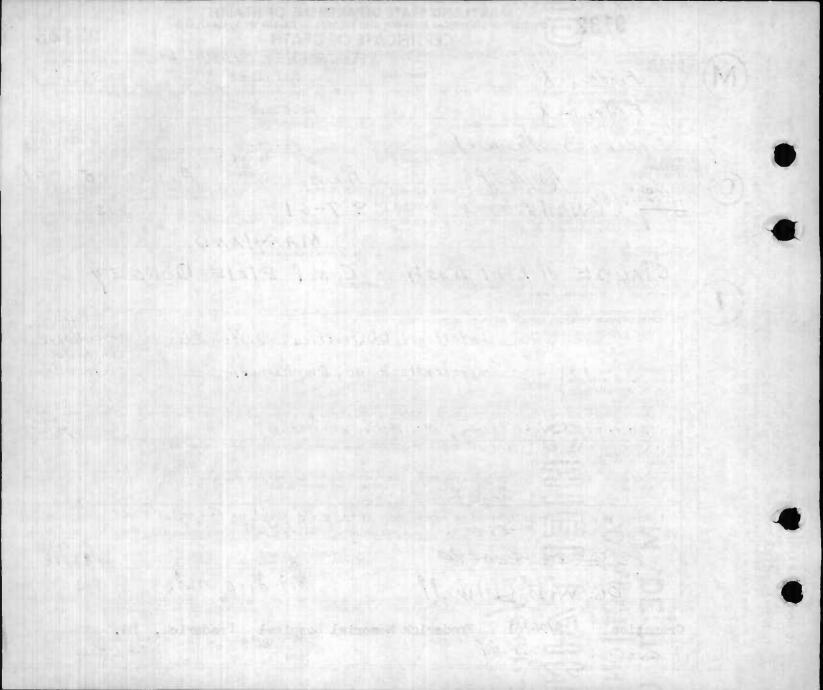
ICI CERTIFICATE OF BEATH

VR A15 (4) 15M 9/59

0400	MARYLAND STATE DEPARTMENT OF HEALTH
9132	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
- 4.00	CERTIFICATE OF DEATH

09123

//	1	
	1. PLACE OF DEATH o. COUNTY MARYLAND 1. PLACE OF DEATH o. STATE Maryland Maryland Carroll	/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Freder 1 C. LENGTH OF STAY IN 1b Woodbine	
7	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FA	RM?
	3. NAME OF DECEASED Pirst Middle Lost 4. DATE Month Day Yeor	r
1	5. SEX A DE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 lost birthday) Manths Days Hours	24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 17a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 17a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	INTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1	CLAU DE POBORT PASH CAROL ELE DORSEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate couse (a), stoting the under: lying couse last. INTERVAL BETW ONSET AND DE Several days Cangenital Due To Due To Congenital Due To Due To	ATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORMING Absence of right Kidney, Malrotation of intestines,	/EDS
	20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 at wark at wark 12 at wark 13 at wark 14 at wark 15 at wark 16 at wark 17 at wark 19 a	(Stote)
	21. I certify that (1) (this hospital) attended the deceased from aug 14. 1961. to aug 21, 1961, that (1) (we	
	saw the deceased alive an \$\int 1961\), and that death accurred at \$\frac{1}{1}\text{A}\text{M}\text{M}from the causes and an the date stated at 220. SIGNATURE 22b. D. ATTENDING MED. PHYS. STAFF PHYS. 8/25/61	-
	22c. PHYSICIAN'S NAME (Type) R. W. B. CUIWIII 22d. ADDRESS Mt. Airy Md.	
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 8/26/61 Frederick Memorial Hospital Frederick. Md.	
	24. FUNERAL DIRECTOR'S SIGNATURE 25. RECORD REGISTRAR 25. REGISTRAR 25. REGISTRAR'S SIGNATURE DATE DATE	
	2049191XV5	1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. FAITH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Frederick O. STATE files. Heolth, b. COUNTY Marvland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) Icwn) your d Thurmont Thurmont Vr. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) A STREET ADDRESS e. IS RESIDENCE Po ON A FARM? Lombard St. Vica Home YES T NO M 4. DATE Month DECEASED Dallas Currens Raid August 1061 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS IF UNDER TYPAR white Months Hours mala WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS B.& O. Railroad U.S.A. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Milton D. Reid Margaret Currens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No unknown) (If yes, give war or dates al service) Katherine G. Reid Thurmont, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Occlusion Min. Coronary DUE TO Offi Conditions, if any, which gove rise to immediate cause DUE TO (a) sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO e 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part |1 of item 18.) PRIMARY OF CONTRIBUTING pino WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while o. m. of work of work p. m. 21. I certify that I taak charge of the remains described above, held on Autapsy , Inspection De Inquiry forworded R opinion death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE should be ASSISTANT MEDICAL EXAMINER B.O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

MeanThurmont, Md.

Blue Ridge Cemetery

22d. LOCATION (City, town, or county)

24o, REC'D BY REGISTRAR

DATELIG 11 '61

Thumont. Md. Fred.

24b. REGISTRAR'S SIGNATURE

Circhus & Thank

(State)

0 VS. A15ME 5M 2/57

50

220. BURIAL CREMATION | 226. DATE THEREOF

PURERAL DIRECTOR'S SIGNATURE

8-11-61

REMOVAL (Specify)

Burial

会は、記念の利用が認識している場合の自然的問題を、「自然的質性をおりただり形式」 MEDICAL EXAMINED STRENG OF LADISEM THE RESERVE OF THE PROPERTY OF THE PARTY OF MOST IS MADE DEPOSIT COMMENT OF THE PARTY OF in him and and the La Maria Till State Commission of the Commission , HESELDER ES WIFES DE MINISTER DE LA MINISTER DE L

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

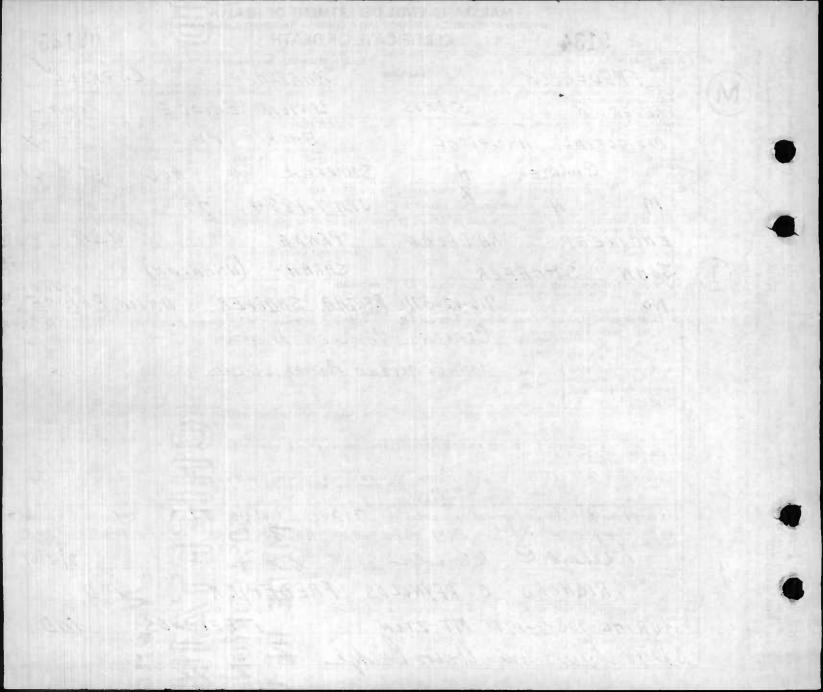
11 (14 13 -

0	9134 CERTIFICATE OF DEATH
	PLACE OF DEATH o. COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CAPROLL
1)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) FREDERICK 5 DAYS UNION BRIDGE RURAL
69	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL BARK HILL 6. IS RESIDENCE ON A FARMS YES \(\) NOT
	NAME OF DECEASED (Type or print) First Middle SHAFFER 4. DATE Month Day Year OF DEATH AUC 3 19 4
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED JAN 7-1884 9. AGE (In years lost birthday) Months Days Hours Min
	2. USUAL OCCUPATION (Give kind of work done of Work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT WENGINEER RAILROAD PENNA 15. CITIZEN OF WHAT COUNT WS 17
T	JOHN SHAFFER SARAH (UNKNOWN)
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address PURI (If yes, give war or dates of service) 716-12-3711 BERTHA SHAFFER UNION BRIDGE
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PRESENCE VASCULAR ACIDENT GORGO
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO Conditions, if any, which gove rise to immediate cause (b). Converence Agreeioscie Agreeioscie (c). Converence Agreeioscie (c).
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF PERFORMED. YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
0	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of twork of twork of two the point work of two
	21. I certify that (I) (this haspital) attended the deceased fram 7/30 196/, ta 9/5, 196/, that (I) (we) Is saw the deceased alive on 8/4 18/6/, and that death accurred at 23/4M, fram the causes and an the date stated about
1	220. SIGNATURE C. Reynolds M.D. ATTENDING, MED. DIRECTOR STAFF PHYS. 3 STAFF PHYS. 3 STAFF PHYS. 3 STAFF
1	22c. PHYSICIAN'S NAME (Type) RICHARD C REYNOLDS FREDERICK MD
0	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) AUG 7-1961 MT ZION FREELANDS MD
34	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DESCRIPTION OF THE PROPERTY OF THE

PHYSICIAN: The law requires that the death certificate be extended within 24 of ter death. Page 4 or attending physician.

TO HOSPI OR ATTEND may be revained by the ho

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09126 CERTIFICATE OF DEATH 9135

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)			
s. COUNTY Frederick MARYLAND	* Maryland Freder ick			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Myersville 19 years	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Myersville			
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) MELISSA LUCRETIA SH.	ANK 4. DATE Month Dey Year OF DEATH August 15 19 61			
	DATE OF BIRTH 18819. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) NOUSEWITE OWN home	Frederick Co. Md. U.S.A.			
Tilghman F. Grossnickle	Salome A. Grossnickle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyasgivewarordatesofservice)	NFORMANT Address 88011 R. Shank, Myersville, Md.			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. PART H OTHER SIGNIFIC INT CONDITIONS CONTRIBUTING TO BEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH UTTER SIGNIFIC INTERPRETATION CONTRIBUTING CAUSE OF DEATH UTTER NOTIFY MEDICAL EXAMINER) DUE TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH UTTER NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 201. (City or town) (County) (State) ory, street, office bldg., etc.)			
21. I certify that (1) (this hospital) at a deceased from	death occured at 1.2.4 M, from the causes and on the date stated above			
220. SIGNATURE Jennett C. Alenson 22c. PHYSICIAN'S	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. PHYS.			
NAME (TYPEN N.E.I. C. STEWSON	Middletown, Md			
Burial Aug. 18, 1961 Grossnick	le's Nr. Myersville, Fred. Co. Md.			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	250. RECTORY REGISTRAR 256. REGISTRAR'S SIGNATURE.			

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housewife own home Frederick Co. Md. U.S.A.

Tilghan F. Grossnickle Seless A. Grossnickle

none Russell R. Shank, Myereville, Md.

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Burkal Aug. 18, 1961 Orosanicals's Ur. Myersville, Fred. Co. Md. WAY TO THE TO BE BE DONE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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)		PLACE OF DEATH C. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY	desidence before admission)
	E	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orote limits, write RURA	ond give nearest town)
		Frederick	11 days	Cumberland	0/	99-3
	-	d. NAME OF HOSPITAL (If not in hospital, give stree		d. STREET ADDRESS		e. IS RESIDENCE
	113	OR INSTITUTION' Frederick Memorial Hosp	ital	19 Prospect Sc	nuare	ON A FARM? YES NO 🔀
	3. 1			mith Lost 4. DATE	Month	Day Yeor
	(Type or print	Hazelton (Don'th DEATH	· aug	17 1961
	5. S	6. COLOR OF RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	1	Female White WIDOV	VED DIVORCED	December 28,1878	82 yrs.	Joy's Moors Amin.
	100.	. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	I		At Home	Washington, D.C.		U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		George D.De Shields		Jane Hazelton		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
		(If yes, give wor or dates of service)	None Wi	Illiam A.Gunter, 7 W	Jashington S	t.Cumberland.Md
	Ħ	1B. CAUSE OF DEATH [Enter only one couse per,				INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	1 - till	17-l-c		ONSET AND DEATH
		IMMEDIATE CAUSE (o)	nges une yes	ur yours	/	- vers
		DUE TO	1+1	T h/ - 1-1	useen	
		Conditions, if any, which (b) (b)	Meno pour	our years a	usees	
		couse (o), stoting the under-				
	_	lying couse lost. (c)				NAME AND ASSESSED ASSESSEDA
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN I	PERFORMED?
	CA1					YES NO
	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	ort II of item 1B.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	ICA		fo.	ACE OF INJURY (Home, farm, 20f. (Ci ctory, street, office bldg., etc.)	ty or town)	(County) (State)
	MEDICAL	Hour o. m. p. m. 19 of w	le Not while ork of work	order, street, order drugs, order,	F-A	
		21. 1 certify that (I) (this hospital) after	ded the deceased from	(due la 10/a) 10	aug 17	19.6/, that (1) (we) lost
		saw the deceased alive on Aug.	7 / 1			on the date stated above.
		220. SIGNATURE		Seall occurred org	Time causes ond c	226. DATE
		(1. (1. Jan)	118	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	8/17/ SIGNED
		22c. PHYSICIAN'S		22d. ADDRESS		4 6 19
		NAME (Type) A.A. Pearre.M.	D.	Stred	mie 1	hd
	220	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	DR CREMATORY 234 10C	ATION (City, town, or co	ounty) (Stote)
	230	REMOVAL (Specify)		KIND - THE SECOND		
	-		Rose Hill Cen		rland, Maryl	and AR'S SIGNATURE
		FUHERAL WEGGIES SIGNET GE		250. RECIDITY REGI		huy & Kraus
	II YE	eorge Fimeral Home 202 G	manna St Cimhan	Tond Md DATE	-	A. Thank

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FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 17.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-Iransit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hoprs after death.

PLACE OF DEATH

NAME OF DECEASED

5. SEX

MEDICAL CERTIFICATION

Burial

FUNERAL DIRECTO

Robert E. Dalley &

(Type or print)

13. FATHER'S NAME
Franklin

Frederick

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)

D.O.A. Frederick Memorial Hospital

Russell

Smith

8-27-1961

White

6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED

WIOOWED

b. CITY OR TOWN (if outside corporate limits,

write RURAL and give neerest town)
Frederick

10e. USUAL OCCUPATION (Give kind of work

done during most of working life, even If retired)

Furniture Store Employee

E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unkown) (Ifyesgive war or detes of service)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9137 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1

William

10b. KIND OF BUSINESS OR INDUS

16. SOCIAL SECURITY NO. | 17.

vears

DIVORCED

	OF DEATH		0912	8
2. USUAL RESIDENCE	(Whare daceasad livad, If b. COUN		dence before e	dmission)
Marvl		-	derick	
c. CITY OR TOWN (If or	utside corporete limits, write			n)
Frede:	rick			
d. STREET AOORESS				ESIDENCE A FARM?
27 Ea	st Patrick S	treet	YES	NO K
Last 4.	DATE Month		Day Yea	r
Smith	DEATH Augus	st 2	4. 19	61
8. DATE OF BIRTH	9. AGE (In years last birthdey)			
9-12-1906	yrs.	Months Oay	/s Hours	Min.
Frederick Co	ME		S.A.	
Mary Krantz				
INFORMANT	Address Smith 27 E. 1	Patri ek	St. Fy	M. her
INFORMANT S. Mildred S.		Patrick	St. FY	WEEN
		Patrick	INTERVAL BET	WEEN
s. Mildred S.		Patrick	INTERVAL BET	WEEN
s. Mildred S.	Smith 27 E. 1		INTERVAL BET ONSET AND I	TWEEN DEATH

Frederick, Maryland

arthur & Hones

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

AUG 2 9 '61

is. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Thrombosis	ONSET AND DEATH
The Due to	
Conditions, if any, which (b)	
geve risa to immadiate cause DUE TO	
(a), stating the underlying	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11	e) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITION CONTROL TO BEATT OF NOT ALEXED TO THE TEAMINAL DISEASE CONDITION GIVEN IN PART II	PERFORMED
	YES NO
20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II of item 18.)	
20c. TIME OF INJURY Month, Oey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County fectory, street, office bldg., etc.)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .	and in my opinion
death resulted from: Natural ceuses X. Accident , Suicide , Homicide , Undetermined manner	
CHIEF MEDICAL EXAMINER	
	Dama dicita
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Dr. B. O. Thomas. Sr. M.D. Address (Street, city, town, or county) August	24, 1961
BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country)	(Steta)

Mt. Olivet Cemetery

Frederick, Maryland

ADORESS

VS. A15ME 5M 7/S9

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AND IS TRUE FIRST ON BY OF TRANSPORT OF M.D. C. P. P. P.

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TO HOS AL OR AT DING PHYSICIAN: The law requires that the death certify be executed within 24 hours after a death. Page 4 may be recamed by the hospital or attending physician. S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral state of physician and completely filled in by the funeral state of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and mrany eyent, within 72 hours after death.

	A	MARYLAND ST	TATE DEP	ARTMENT	OF HEAL	TH	
ISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W. PRES	TON STREET	, BALTIMORE	
	9138	CERT	IFICATE	OF DEA	TH		0912

1. PLACE OF DEATH a. COUNTY Fred	erick.	MARYLAND	2. USUAL RESIDEN e. STATE Maryl	CE (Where deceased lived, If b. COUI		e before admission)
b. CITY OR TOWN (I write RURAL end Frederick	foutsida corporete limits, give neerest town)	c. LENGTH OF STAY IN 16 Years	c. CITY OR TOWN (If outside corporata limits, writerick	e RURAL end give n	eerest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in	hospital, give straat address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
232 East S	ixth Street		232 H	East Sixth Str	eet	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day	Year
(Type or print)	FREDERICK	GILMORE TY	TERYAR		August 3	1, 1961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White WIDO	WED DIVORCED	9 Feb 1892	69 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATI dona during most of wo Self-empl 13. FATHER'S NAME	rking life, even if retired)	. KIND OF BUSINESS OR INDUSTR Uston Work	Pearl, N 14. MOTHER'S MAIDEN		USA	F WHAT COUNTRY?
Rudolph T	veryar		Alice Phel	ps		
15. WAS DECEASED EVI	R IN U.S. ARMED FORCES? 1	16. SOCIAL SECURITY NO. 17. 1		Address	s	
No No	yes give wer or detes of service)	219-05-2815 Mrs	. Alice Stal	Ley, RD#3, Free	derick, Me	d.
Conditions, if any geve rise to Immedi (e), stating the unceuse last. PART II. OTHER	ote ceuse derlying DUE TO (c) SIGNIFICANT CONDITIONS C	holeyst,	T RELATED TO THE TERMI	CALT NAL DISEASE CONDITION GIV		WCLA P. WAS AUTOPSY PERFORMED? PES NO IX
	CAUSE OF DEATH					
20c. TIME OF INJU Hour a.m. p.m.	19 et v		CE OF INJURY (Homa, ferr ory, street, office bldg., atc		(County)	(Stete)
saw the deceas	K/ 200			OR, from the causes		te stated above.
22a. SIGNATURE 22c PHYSICIAN'S NAME (Type)	mard 0. Tho	Municipa mas, Jr., M. D.	PHYS. X I	MED. STAFF PHYS. CREET St., Fred	2 Se erick, Md	
23a. BURIAL, CREMATI REMOVAL (Specify) Burial	9-4-61	Mount Olivet		Frederick,		(Stete)
24 FUNERAL DIRECTOR M. R. Etc	's signature hison & Son, F.	rederick, Md.	25a. REG	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 9139 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Frederick Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town) Sabillasville Hvattsville d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO X Victor Cullen State Hospital 4. DATE Middle Last Manth Day Year DECEASED OF DEATH (Type or print) 1961 Weeks Isaac 10 August 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH last birthday) Months Days Hours WIDOWEDTT DIVORCED (A 56 offo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) US Dispatcher Cab business 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ withi John W. Weeks Ida Simmons 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Victor Cullen State Hospital Records INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary tuberculesis 002 IMMEDIATE CAUSE (o' vears **DUE TO** if any, which gave rise to immediate DUF TO couse (o), stoting the underlying couse lost. 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Cremotion. YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Stote) Month. Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m While Not while ot work at wark p. m. 8-10-61 21. I certify that (I) (this haspital) attended the deceased fram. 12 . .ta___ , and that death accurred al 2.35 pmam the causes and an the date stated above. Health saw the deceased alive an 22d SION A LIRE 22h. DATE SIGNED ATTENDING of M.D. PHYS. DIRECTOR PHYS. Board 22d. ADDRESS Victor Cullen State Hospital 22c. PHYSICIAN'S NAME (Type) Michael G. Zavis Cullen, Md 23b. DATE THEREOF 23d. LOCATION (City, town, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. (Stote) Bur EMOYAL (Specify) Aug 13, 1961 Monterey Cemetery Monterey 25g. REC'D BY REGISTRAR Hyattsville Md.

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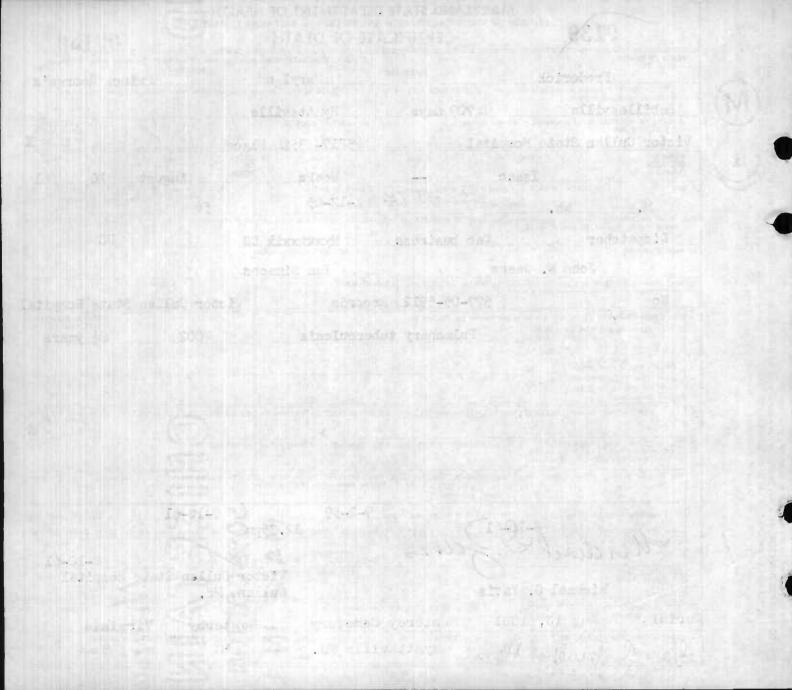
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after death. Page



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9140 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceasad lived, If institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick by the and 2 death. Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ writa RURAL and giva nearast town) Knoxville Knoxville Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? New Addition New Addition YES NO completely papers. 3. NAME OF Last DATE Middle DECEASED OF (Type or print) William Robert Winstead DEATH 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Male Waite WIDOWED [DIVORCED physician 1Da. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Retired B.&.O.R.R.Steam Engineer North Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 William R.Winstead Olivia King attending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | [If yes give war or dates of sarvice] Robert M. Winstead, Martinsburg, W. Va. 18. CAUSE OF DEATH [Enter only one causa per line for to and (c INTERVAL BETWEEN relerosy PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO if any, which (b) gava risa to immadiata ceusa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 1B.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) (Stata) 20c. TIME OF INJURY Month, Day, Yaar (County) factory, street, offica bldg., etc.) While Not While Hour am. at work at work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. should saw the deceased alive on. and that death occured M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. FUNERAL I M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J.G.F.Smith Brunswick Maryland filed v death. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DAR THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) à d Rockey Mount, North Removal Pine View 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Brunswick, Maryland DATE AUG 7 arthur & Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HO TAL OR At ADING PHYSICIAN: The law requires that the death cert is not considered to the funeral death. Fage 4 may be trained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral processor, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers. Pages 1 and 2 should the state Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours after deafth. 090

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

19132 9141

1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If	institution: Residence before admission)		
Frederick MARYLAND			MARYLAND	•. STATE Maryland b. COUNTY Frederick			
	b. CITY OR TOWN (i	f outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)			
	Frederick	give neerest town)	Since 6/61	X Jefferson			
		AL OR INSTITUTION (if not i	in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE		
otherwa	Monocacy Ha	all Nursing Ho			ON A FARM? YES NO X		
3.	NAME OF DECEASED	First	Middle	Last 4. DATE Month	Day Yeer		
	(Type or print)	LETTIE	IRENE	TISE DEATH Aug	ust 29. 1961		
5.	SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24 HRS.		
F	remale	White WID	OWED DIVORCED	1 Dec 1881 79 yrs.	Months Days Hours Min.		
10	. USUAL OCCUPATI	ON (Give kind of work 10 rking life, even if retired)	Ob. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
00	House-wo		At Home	Jefferson, Md.	USA		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	1001		
	Henry (. Wise		Alverta Sparrow			
15	. WAS DECEASED EV	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT Address	E. Patrick St.,		
(1)	NO Unkown)	yesgive wer or detes of service)	None Mi	s Nellie L. Mehrling, Fre	derick. Md.		
Z	18. CAUSE OF D	EATH [Enter only one cause			INTERVAL BETWEEN		
		WAS CAUSED BY:	Wends	of decomposition	ONSET AND DEATH		
	15	MMEDIATE CAUSE (0)	they ocall	y companyour			
	Con Pillow II	DUE TO	(U	e Colon wells	2 P. D.S. 1712		
	Conditions, if eny		Carcinom	e Colon with	Marien 2121		
	(a), stating the us	DUIT TO					
	ceusa last.) (c)					
ĕ	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?		
13	1	Leverel	red Ur	wesselarss	YES NO X		
CERTIFICATION		S UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURE	(Enter nature of injury In Pert I or Pert II of item 1B.)			
¥	20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stata)		
MEDIC	Hour a.m.			ry, streat, office bldg., etc.)			
	21. I certify the	nat (I) (this hospital) a	tended the deceased from	May, 1901, to 8/;	G., 199/, that (I) (we) last		
	saw the deceas	ed alive on	16 19 6 , and tha	death occured at 7P.M, from the causes			
	220. SIGNATURE	101	-5		22b. DATE		
	()	9 4 6-	Tario	ATTENDING MED. STAFF DIRECTOR PHYS.	31 Aug 1961		
	22c. PHYSICIAN'S	22c. PHYSICTAN'S		M.D. PHYS. X DIRECTOR PHYS. 31 AUG 1901			
	NAME (Typa)	A. T. Brice,	M. D.	Jefferson, Maryland			
23	a. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY		vn or county) (Stete)		
	REMOVAL (Specify) Burial	9-1-61	Lutheran Cem	tery Jefferson, 1	Maryland		
24	FUNERAL DIRECTOR		ADDRESS	25a. REC'D BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE		
	M. R. Etc	hison & Son,	Frederick, Maryl	nd DATE SEP 5 '61 O	Thun & Kraud		
-				The state of the s			

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